

TOWN OF BLOWING ROCK
PO Box 47, Blowing Rock, NC 28605
Telephone: 828.295.5200 Fax: 828.295.5202

DRAFT AUTHORIZATION FORM

Date: _____ Utility Account Number(s) _____

CUSTOMER INFORMATION

Name: _____

Billing Address: _____

Telephone No: _____ Fax No: _____

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BANK INFORMATION

Bank Name & Address: _____

Bank Routing Number: _____

Bank Account Number: _____

Checking Account: Yes/No

Savings Account: Yes/No

Customer Signature Authorizing Draft: _____

(Please Attach a Voided Check)

*Note: After completing Draft Authorization Form, your bank account will be pre-noted before funds are taken for payment.

Bank File # _____

(Office Use Only)

Date Entered: _____