



BANK DRAFT REQUEST

This is my request and authorization to the Town of Jamestown to automatically draft utility payments from the bank account listed below. I understand that this authorization will continue to be in effect for all utility amounts due from me. My account will be drafted as close to the 18th as possible in the month the bills are mailed. I will notify the Town immediately if a change in the bank account designated for the automatic draft is required. I will notify the Town by the 15th of the month if I choose to cancel the automatic draft.

A copy of a voided check is attached.

CUSTOMER ACCT NUMBER(S): _____

NAME: _____

ADDRESS: _____

PHONE: _____

BANK NAME: _____

BANK ACCOUNT NUMBER: _____

SIGNATURE: _____

DATE: _____

PLEASE ATTACH VOIDED CHECK

Please return to :Town of Jamestown, PO Box 848, Jamestown, NC 27282
fax 336.886.3504