



Utility Automatic Bank Draft Form

Enrolling in the City of Kannapolis Utility Automatic Bank Draft Plan is easy. Just complete this authorizing form and return it to the Customer Service Center at MPresident@kannapolisnc.gov with a copy of a voided check from the bank account you wish to be drafted. All subsequent bill payments will be automatically deducted from your account on the due date shown on your monthly statement giving you enough time to review your bill and if necessary contact the Customer Service office should you have any questions or concerns.

Customer Name: _____

(Joint Account – include both names)

Service Address: _____

Mailing Address: _____

(If different)

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Water/Sewer Account #s: _____

This authority is to remain in full force and effect until CITY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it. I (either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Bank Information

Banking Institution Name: _____ Bank Branch: _____

Bank Routing No.: _____ Bank Account No.: _____

**Customer Signature: _____ Date: _____

**Customer Signature: _____ Date: _____

(Joint Account – include both signatures)

If you have questions, contact the Customer Service Center at: 707-920-4399, visit the office at 401 Laureate Way, Kannapolis, NC 28081, or via email at MPresident@kannapolisnc.gov.

**** Note: Electronic signatures are accepted.**

OFFICE USE ONLY	
Cycle #:	_____
Received By & Date:	_____
Entered By & Date:	_____