

City of Graham

P.O Drawer 357
201 S Main Street
Graham, NC 27253
Tel: (336)570-6700 / Fax: (336)570-6703

AUTHORIZATION FOR AUTOMATIC DEBITS (DRAFT WATER PAYMENTS)

Company Name: City of Graham

ID # 56-6001234

I (we) hereby authorize the City of Graham, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking____ Savings____ account (Select one) indicated below and the financial institution named below, to debit and/or credit the same to such account.

Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Transit/ABA No: _____ Account No: _____
(9 digits)

This authority is to remain in full force and effect until the City of Graham has received written notification from me (us) of its termination in such time and in such manner as to afford the City of Graham and the financial institution named above a reasonable opportunity to act on it.

Name(s): _____

Date: _____ Signed: _____

Signed: _____

**Please attach void check