



**Office: (910)229-3716**

**Bank Draft Authorization**

Name (as it appears on utility bill): \_\_\_\_\_

Service Address: \_\_\_\_\_

Telephone Phone # \_\_\_\_\_

ESD Account Number: \_\_\_\_\_

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Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Transit Number: \_\_\_\_\_

Voided Check: \_\_\_\_\_

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I authorize the Eastover Sanitary District to draft the above bank account monthly for the purpose of paying the utility charges for above account. I have the right to discontinue automatic payment at any time upon 30 day written notice to the Eastover Sanitary District and my designated financial institution.

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Entered into FMS: \_\_\_\_\_ Date: \_\_\_\_\_