



County of Currituck

Utility Billing EFT Enrollment/Cancellation Form

Return to: Currituck County Water Department
 PO Box 220
 Currituck, NC 27929
UBWATER@CurrituckCountyNC.Gov

Section I - Customer Information

Please type or print clearly.

Customer Name _____
 Street Address _____
 PO Box _____
 City _____ State _____ Zip _____
 E-mail address _____ Phone # _____
 Used for corresponding with customer regarding account or distributing payment information only

Social Security Number: _____ Utility Billing Account Number(s): _____
(found on the bottom of the bill - six digits, starts with zero)
 Type of Action: Begin EFT
 Change Information
 Cancel EFT
 Effective Date of Change _____

***** A voided check must be attached, or this form must be verified by an officer of your bank *****

All utility bill payments for the above listed customer will be paid via direct draft from the account listed below. Any changes to or termination of this Authorization must be made in writing and received by the County not less than thirty (30) days before the desired effective date of such change or termination. If the bank account is closed, notification must be made immediately to the County.

Section II - Bank Information

Bank Account Information:

Bank Name: _____ Bank Routing Number (ABA): _____
 Bank Address: _____ Bank Account Number: _____
 City, State, Zip: _____
 Bank Phone Number: _____
 Signature of Bank Officer (If no voided check attached) _____

Section III - Authorization

I herein authorize the County of Currituck to collect any utility bills I owe by drafting payments from my account at the financial institution stated above. Further, I authorize the Bank to accept and to draft entries indicated by the County from my account. In the event the County drafts funds erroneously from my account, I authorize the County to credit my account for an amount not to exceed the original amount of the erroneous draft, and I agree to hold the County harmless for any other charges to my account that may occur as a result of such error. This authorization is to remain in full force and effect until the County has received notice, in writing, of its termination.

Any transaction rejected by the bank for any reason other than bank error will be treated as a returned check and charged a \$25.00 fee.

Authorized Signature: _____ Date _____
 Title: (if applicable) _____

For Office Use Only:
 Utility Billing Records Adjusted -- Received Date: _____ Adjusted by: _____
 Bank Code: _____ Cycle: _____ First draft date: _____
 Amount: _____
 File #