

TOWN OF WEAVERVILLE
DIRECT DEBIT FORM
FOR WATER & SEWER CHARGES

Direct debit is a service in which the Towns of Weaverville water and sewer charges are withdrawn electronically from the financial institution of your choice. The funds will be debited from your account on the 11th (eleventh) of each month. Your payment will be automatically credited to your water and sewer account at the Town of Weaverville. You will see the debit amount reflected on your next bank statement.

To receive the many benefits of this service, you will need to sign the authorization below for us to automatically debit your personal checking or savings account for water and sewer charges. We will transmit your debit information to the Town's bank for processing. The information will then be transmitted to your bank or savings institution for withdrawal from your account. Because virtually all financial institutions participate in the direct debit program, there should be no need to alter your banking arrangement.

Consider the following benefits:

- You will be assured of making your Weaverville water and sewer payments in a timely manner.
- There will be no need to waste time and money in mailing a check.
- Your payments are secure, so you don't have to worry about lost or stolen checks.
- Payment information is strictly confidential.
- There is no cost for you to participate in the program.

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENT (ACH DEBITS)
TO THE TOWN OF WEAVERVILLE

I (we) hereby authorize the Town of Weaverville to initiate charges to the (please check one) checking or savings account in the amount of the monthly water and sewer bill, and the depository named below is authorized to debit that account. The transfer date will be the 11th (eleventh) of each month. This authorization is to remain in full force and effect until the Town of Weaverville has received written notification from me (or either of us) of its termination in such time and such manner as to afford the Town of Weaverville and the financial institution a reasonable opportunity to act on it.

Name _____ Account # _____

Address _____ City, State & Zip _____

Phone # _____ Financial Institution _____

Date _____ Signature(s) _____

PLEASE ATTACH A VOIDED CHECK HERE