Cape Fear
Public Utility Authority
Stewardship. Sustainability. Service.

Bank Draft Authorization Form

Name (Print) _____

Mailing Address _____

Service Address _____
(If different from mailing address)

Telephone _____(home)_____(cell)

Utility Account Number_____

Please Indicate Type of Draft: Checking Account _____ Savings Account _____

In order to establish a bank draft, you must be the Cape Fear Public Utility Authority account holder or an authorized person.

By my signature below I grant the Cape Fear Public Utility Authority permission to draft the amount of my bi-monthly utility bill from the financial institution account on the attached **voided check** or **savings deposit slip** and I also affirm that I have proper legal authority to withdraw funds from this account.

I understand that my account will be drafted on the due date indicated on each statement. I understand I have the right to stop automatic payment of my bill upon timely written notice to the Cape Fear Public Utility Authority.

I also understand that if the draft is rejected because of insufficient funds or other reason, I may be subject to additional fees.

_____ Date _____
Signature

NOTE: You must attach a copy of:

- Voided check for checking account draft; OR
- Deposit slip for savings account draft

FAX COMPLETED FORM TO (910) 332-6352

OR MAIL TO:
Cape Fear Public Utility Authority
235 Government Center Drive
Wilmington, NC 28403

OR E-MAIL TO: customer.service@cfpua.org