

BANK DRAFTING

If you are interested in signing up for this service, please sign this Authorization Agreement and return it to our office in person or mail it to P.O. Box 99, Nags Head, NC 27959. For any questions you have, please call 252-449-2008 or 252-441-5508 or email us at linda.bittner@nagsheadnc.gov. We look forward to hearing from you.

TOWN OF NAGS HEAD

Tax Billing & Customer Services

AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK DRAFTS

_____ **Yes**, I want to participate in Automatic Drafting from my bank account for my Town of Nags Head Tax bills.

I understand that I can terminate the drafting arrangement simply by giving written notice.

(Please Print)

Customer Name(s): _____

Customer Phone #: _____ Email: _____

Customer's Tax Account (Parcel #): _____

Address of Property: _____

Name of Bank: _____ Phone #: _____

Bank Address: _____ City _____ State _____ Zip _____

Name on Bank Account: _____

Bank Transit/ABA Number: _____

Please Check One:

___ Withdrawal from my Checking Account Bank Account Number: _____

___ Withdrawal from my Savings Account Bank Account Number: _____

Amount to be Drafted: (Please Check One)

___ Full Tax Bill Amount of \$ _____

___ Fixed Amount of \$ _____ on the 5th day of each month for a total of _____ payments starting the month of _____ and last payment on _____

(the last payment could be a few cents more or less than the fixed amount)

I authorize funds to be withdrawn and credit entries/adjustments to be made to my account. This authority is to remain in force and in effect until the Town of Nags Head has received written notification from me (us) of termination in such time and manner as to offer the Town of Nags Head a reasonable opportunity to act upon it.

Name: _____

Date: _____ Signature: _____

Please note: Application must be accompanied by a VOIDED CHECK from the account to be drafted. Please complete all requested bank information including your bank's mailing address and telephone number.