



# Town of Clayton

## Authorization Agreement for Utility Payment Drafts

The Town of Clayton now offers customers the convenience of paying monthly utility bills via draft from your checking account. Participants in this service have their account drafted on their scheduled due date or requested due date and they continue to receive their monthly bill. If you would like to take advantage of this service, please complete this application and return it to the Customer Service Department. We will process your request as quickly as possible.

New Authorization

Change Account Number/Bank

Cycle 1: DATE TO DRAFT ACCOUNT	___ 8 <sup>th</sup>	___ 15 <sup>th</sup>	___ 29 <sup>th</sup>
Cycle 2: DATE TO DRAFT ACCOUNT	___ 15 <sup>th</sup>	___ 22 <sup>nd</sup>	___ 29 <sup>th</sup>
Cycle 3: DATE TO DRAFT ACCOUNT	___ 15 <sup>th</sup>	___ 22 <sup>nd</sup>	___ 29 <sup>th</sup>
Cycle 4: DATE TO DRAFT ACCOUNT	___ 8 <sup>th</sup>	___ 22 <sup>nd</sup>	___ 29 <sup>th</sup>

Utility Account Number: \_\_\_\_\_ Route/Sequence# \_\_\_\_\_/\_\_\_\_\_

Customer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Daytime Phone: \_\_\_\_\_

*Please Attach Voided Check Here*  
**\*\*\*\*\*Deposit Slips Cannot be Processed\*\*\*\*\***

### Draft Authorization

I hereby authorize the Town of Clayton to draft my utility payments and initiate credit entries or such adjusting entries, either Debits or Credits, which are necessary for corrections or adjustments from the account and bank I have indicated above. This authorization is to remain in full force and effect until the Town receives a new written agreement from me. I understand that cancellation of bank draft will require a thirty (30) day prior written notice to the Town. I understand that drafts not honored by my financial institution shall be treated in the same manner as a returned check, and shall be subject to all applicable fees and charges. I further understand that as is the policy with returned checks, if I have two returned drafts within a twelve month period, I shall be removed from draft payment, and shall be required to pay in cash or certified check for a period of twelve months. I hereby certify that I will notify the Customer Service department immediately of any changes in my depository relationship with my financial institution that shall affect this draft agreement. I am also aware Customer Service will need 30 days notice if I should need to change my draft date.

Authorizing signature: \_\_\_\_\_ Date: \_\_\_\_\_