



Official Use Only:
Account #: _____

TOWN OF CLAYTON
Utilities & Billing
111 E. Second St., P.O. Box 879
Clayton, NC 27528
Phone: 919-553-5002
Fax: 919-553-0719
utilities@townofclaytonnc.org

BANK DRAFT CANCELLATION FORM

I hereby authorize the Town of Clayton to remove my account from the bank draft program effective on the following date: _____.

This authorization will remain in effect until the Town has received a new agreement from me. I understand that I must cancel my draft at least fifteen (15) days prior to my draft date.

I understand that if a bill has been generated and I currently have a balance, I will need to pay the bill in full seven (7) days prior to my draft date.

Customer Name: _____

Service Address: _____

Phone Number: _____

Email: _____

Bank Name: _____

Bank Address: _____

Bank Account Number: _____

Customer Signature

Date