

## City of Asheboro Bank Draft Application

THE CITY COUNCIL HAS AUTHORIZED A CONVENIENT DRAFT PAYMENT OPTION IN WHICH CUSTOMERS ON DRAFT HAVE THE OPTION TO CHOOSE ONE OF 4 DRAFT DATES AND AVOID LATE FEES GOING FORWARD. THE DRAFT WILL NEED TO BE PRE-NOTED WHICH TAKES ONE BILLING CYCLE. DRAFT CUSTOMERS WILL RECEIVE A MONTH END BILLING NOTICE LIKE ALWAYS. ONCE THE DRAFT SET-UP IS COMPLETE, THERE WILL BE A NOTATION REFERENCING PAYMENT WILL BE PROCESSED BY DRAFT IN THE BODY OF THE BILLING NOTICE. THE DRAFT WILL ONLY BE FOR THE AMOUNT DUE ON THE ACCOUNT AT THE TIME OF THE DRAFT.

TO TAKE ADVANTAGE OF CONVENIENT PAYMENT OPTION, PLEASE COMPLETE THE BELOW SECTIONS AND RETURN THE APPLICATION AND A VOID CHECK FROM THE ACCOUNT YOU WISH TO DRAFT TO THE BELOW ADDRESS.

CITY OF ASHEBORO BILLING & COLLECTION DEPARTMENT  
ATTN: MARCIE ABRAMS  
PO BOX 1106  
ASHEBORO NC 27204-1106.

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Customer's name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_

Contact Phone number: \_(\_\_\_\_)\_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

CIRCLE: Date you wish to set up draft: 10<sup>th</sup> 15<sup>th</sup> 20<sup>th</sup> 25<sup>th</sup>

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Be sure to include a voided check from the account you would like to have drafted.  
Please notify us when you change banks or wish to cancel your draft.**

The below to be filled out by City Employee:

Customer account number: Route: Sequence: Complete: _____
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