

Detach and remit to the City of Kannapolis Finance Dept., attn: Accounting Manager
PO Box 1199, Kannapolis, NC 28082-1199

or

Include this form with your billing statement

Please Print

Customer Name: _____
(If Joint Accounts Include Both Names)

Home Phone: _____

Location Address: _____

Work Phone: _____

Water/Sewer Account Numbers: _____

Cell Phone: _____

This authority is to remain in full force and effect until CITY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it. I (either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Bank Information

Banking Institution Name: _____

Bank Branch: _____

Bank ABA or Transit No.: _____

Bank Acct. No.: _____

Customer Signature: _____ Date: _____

If Joint Accounts Include Both Names)

Attach voided check here.

OFFICE USE ONLY

Cycle# _____

Received by & Date: _____

Entered by & Date: _____