
Town of Andrews, NC
PO Box 1210
Andrews, NC 28901
(828) 321-5111



Authorization Agreement for Preauthorized Payments

I hereby authorize _____ to initiate a debit entry to my checking account indicated below at the depository named below to debit the same such amount.

Depository Name _____

Branch _____

City _____

State _____

Routing Number _____

Account Name _____

Account Number _____

Amount _____

This authorization is to remain in full effect until _____ has received written notice from me of its termination in such time and in such a manner affording reasonable time to act upon it.

Signed:

Date:

PLEASE ATTACH A VOIDED CHECK TO THIS FORM!