

Town of Benson



Utilities Department

303 E Church St.
PO Box 69
Benson NC 27504
Phone 919-894-3553
Fax 919-894-1283

Bank Draft Authorization

Utility Account #

Customer Name: _____

Service Address: _____

Phone Number: _____

Attach voided check

**** Please do not use deposit slips ****

The customer agrees to have his utility bill paid directly from the above checking account each month. The customer will be notified of the amount withdrawn for payment. This agreement will remain in effect until customer notifies, in writing, the bank and the Town of Benson to discontinue the service.

Authorizing Signature

Date