



City of Southport

AUTOMATIC BANK DRAFT AUTHORIZATION FORM

Please complete form in its entirety and mail to: **City of Southport Finance Department**
Attn: Bank Draft Program
1029 N. Howe Street
Southport, NC 28461

*****PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM*****

Date: _____

Name: _____

Utility Account Number: _____

Service Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Alternate Number:** _____

Email Address: _____

Bank Name: _____

Name(s) listed on Bank Account _____

Bank Routing Number: _____

Bank Account Number: _____

____ **Checking Account** ____ **Savings Account**

****By signing this form I authorize the City of Southport to debit my bank account for my monthly utility bill from the financial institution listed above. I have the right to stop automatic payment of my bill upon notifying the City of Southport in a timely manner.**

Signature: _____