



City of Locust

Post Office Box 190
Locust, North Carolina 28097-0190
(704) 888-5260

ACH DRAFT AUTHORIZATION FOR THE CITY OF LOCUST

Customer Name: _____

Physical Address: _____

Home/Cell Phone: _____

Email address: _____

City of Locust Sewer Account Number: _____

Bank Routing Number: _____

Bank Account Number: _____

The draft will process on the 15th of each month unless that day falls on a weekend or holiday, then it will process on the next business day.

By signing below, you are authorizing the City of Locust to draft the amount due to the City of Locust for sewer services on the day specified above. You are also acknowledging that if the draft is returned from your banking institution for any reason, you will be charged a \$30 return fee.

Account holder signature: _____

Date: _____

**If you wish to cancel your draft, you must notify us in writing 30 days prior to draft date.*

**Please attach a voided check with this form if possible.*

***Return completed form to mthomas@locustnc.gov or wlowder@locustnc.gov ***