



Water/Sewer Bill Draft Consent Form

Utility Account Name: _____

Utility Account Number: _____

Service Address: _____

Name of Bank: _____

Name(s) on Bank Account: _____

Bank Account Information

Routing Transit Number: _____

Account Number: _____

I (we) hereby authorize the Town of Ocean Isle Beach to draft the above account for the payment of my bi-monthly utility bill. I will authorize the bank above to honor your draft. I would like my water/sewer bi-monthly charges to be drafted from the above account beginning _____ and to continue until further written notice.

******A “voided check” must be submitted along with the bankdraft application******

Signed

Date

***Town of Ocean Isle Beach
3 West Third Street
Ocean Isle Beach, NC 28469***

***Phone: (910) 579-2166
Fax: (910) 579-8804***