CITY OF CORNELIUS Authorization for Automatic Withdrawal

Name_			Address
Telephone#			C.O.C. Utility Account #
		•	ng to initiate debit withdrawals, and the financial institution listed ount of my monthly utility bills from my:
		Checking Account Savings Account	(Please check only one)
Bank Name			Name on Bank Account
Authorized Signature			Date
			VOIDED CHECK HERE
		FC	OR OFFICE USE ONLY
	Checking	Account #	Routing #
	Savings	1st Auto Withdrawal I	Date Employee Initials
		1 form 2-2006.doc	
			s portion and keep for your records

City of Cornelius – Automatic Withdrawal information

- Automatic withdrawals will be deducted on the due date stated on the bill. If the due date falls on a weekend or holiday your payment will be deducted the following business day.
- ➤ If a payment is returned for any reason a non-sufficient funds(NSF) fee will be charged, your automatic withdrawals will be cancelled and future payments will not be deducted from your bank account.
- ➤ If at any time you want to discontinue automatic withdrawal you must submit a written request at least 10 days prior to the due date on the billing.

Any questions, please call 503-357-9112.