Electronic Funds Transfer Authorization Form

ROCKY MOUNT, NC
THE CENTER OF IT ALL

Request for Electronic Funds Transfer

Customer Information

☐ Start EFT ☐ Change EFT **(CHECK: Start EFT or Change EFT)** Cust/Acct #: _____

Customer/Business: _____
Last *First* *M.I.*

Address: _____

_____

Telephone Number: _____ Contact Name: _____

Fax Number: _____ E-Mail: _____

Financial Institution Information

Bank Name: _____ Bank Address: _____

Bank Account Name: _____

☐ Checking

_____
Routing Number *Account Number*

PLEASE INCLUDE COPY OF VOIDED CHECK

ROUTING NUMBER ACCOUNT NUMBER

WARM Donation Authorization

I want to help my neighbors stay warm this winter. I understand my donation is tax deductible and will be used to provide heat for those who cannot afford to heat their homes.

☐ Please add a donation amount of $_____ to my monthly/annual bill.
☐ Please round-up my bill amount to the nearest $1.00 and donate that overage to the WARM program.

Date: _____ Authorized by: _____

Confirmation

I hereby authorize the City of Rocky Mount to draft the above bank account monthly. I understand that if I wish to discontinue this draft, I must notify the City of Rocky Mount ten days prior to my current bill due date. I understand that my draft may be processed up to five (5) days after the due date. I also understand that the automated service may not begin before my next scheduled payment, and that I am responsible for ensuring that my payment has been made on time.

Customer Signature: _____ Date: _____

Revised: 10/09/19