



110 W Nash St.  
Louisburg, NC 27549  
Office: 919-496-3406/ Fax: 919-496-6319

## Recurring Payment (Bank Draft/Credit Card Draft) Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa or MasterCard. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as an "ACH Debit."

You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us prior to the payment being collected.

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### Please complete the information below:

I \_\_\_\_\_ authorize Town of Louisburg to draft my account or charge  
(Full name)  
my credit card, indicated below on the 10<sup>th</sup> of each month for the full total owed on my Town of  
Louisburg Utility bill.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

#### Checking/ Savings Account

|                                   |                                  |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| TOL Account #                     | _____                            |
| Name on Acct                      | _____                            |
| Bank Name                         | _____                            |
| Account Number                    | _____                            |
| Bank Routing #                    | _____                            |
| Bank City/State                   | _____                            |



#### Credit Card

|                               |                                     |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| TOL Account #                 | _____                               |
| Name on Acct                  | _____                               |
| Cardholder Name               | _____                               |
| Credit Card #                 | _____                               |
| Exp. Date                     | _____                               |
| CCV Security                  | _____                               |

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **The Town of Louisburg** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Town of Louisburg** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **25.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.