



Instructions:

**Checking Account Bank Draft Only:** Please fill in your utility account and bank information. Sign and mail a copy along with a voided check to the address listed below. **Note: No transaction fees for checking account drafts.**

**Credit Card Draft Only:** Please fill in the utility account and credit card information. Sign and mail a copy to the address listed below. **Note: Credit card drafts are subject to an additional \$2.95 per transaction.**

**City of Concord  
Collections Department  
PO Box 308  
Concord, NC 28026-0308**

You will receive a letter informing you when the draft will begin. This is typically within 45 days of receipt. If you have any questions, please call 704-920-5555.

**CITY OF CONCORD**

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

This authority is to remain in full force and effect until COMPANY and BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. I (or either of us) has the right to stop payment of a debit entry by notification to BANK at such time as to afford BANK a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of erroneous debit immediately credited to my account by BANK provided I (we) send written notice of such debit entry in error to BANK within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

**UTILITY ACCOUNT INFORMATION**

ACCOUNT NO. \_\_\_\_\_ SERVICE ADDRESS \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ DATE \_\_\_\_\_

**BANK INFORMATION ONLY (CHOOSE ONE) ( No transaction fees for checking account drafts. )**

I (WE) hereby authorize THE CITY OF CONCORD, hereafter called COMPANY, to initiate debit entries and/or necessary credit entries to my (our) Checking Account indicated below and the depository names below, hereafter called BANK, to debit /credit the same to such account. **(ATTACH A VOIDED CHECK)**

ACCOUNT OWNER(S) \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BANK ACCOUNT TRANSIT/ABA# \_\_\_\_\_  
BANK ACCOUNT NUMBER \_\_\_\_\_

**CREDIT CARD INFORMATION ONLY (CHOOSE ONE) ( Credit card drafts are subject to a \$2.95 per transaction fee. )**

CREDIT CARD TYPE  
(ie. VISA, DISCOVER, MASTERCARD, AMERICAN EXPRESS) \_\_\_\_\_  
CREDIT CARD NUMBER \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_  
NAME ON CARD \_\_\_\_\_  
CARD OWNER SIGNATURE \_\_\_\_\_