



Utility Bill Draft Consent Form

Utility Account Name: _____

Utility Account Number: _____

Service Address: _____

Name of Bank: _____

Name(s) on Bank Account: _____

I (we) hereby authorize the Town of Highlands to draft the above account for the payment of my monthly utility bill. I will authorize the bank above to honor your draft. I would like my 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 bank draft application*****

Signature _____ **Date** _____

Town of Highlands
PO Box 460
Highlands, NC 28741

Phone: (828) 526-2118
Fax: (828) 526-2595