

EZ Pay - Bank Draft Authorization Form

The City of Charlotte is authorized to debit my () checking () savings account number _____ at _____ (bank) of _____ (City, State) for water, sewer and storm water charges. I understand that this authorization will be in effect until the City of Charlotte and my financial institution are notified in writing that I no longer desire this service, allowing them reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (debit or credit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 calendar days following the date on which I was sent a statement of account or a written notice of such an entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is an error and requesting credit back to my account.

_____ I affirm that no portion of the bank draft payments made to the City of Charlotte from the account that I designated have been transferred from a foreign bank account.

_____ I affirm that some, or all, of the bank draft payment made to the City of Charlotte is subject to funds being transferred from a foreign bank account. I understand that any future payments that may be remitted to the City of Charlotte may be labeled with "IAT" as the standard entry class. I acknowledge that availability of funds debited from the account will be subject to my receiving the financial institution's policies and procedures. I also understand that the City of Charlotte may elect to discontinue bank draft payments and request me to remit funds using an alternative payment method.

This authorization is non-negotiable and non-transferable.

Customer Name _____

Account Number for City Services Bill _____ - _____

Street Address _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____

E-mail _____

Authorized Signature _____

Attach a voided check or savings account withdrawal slip to this form.

Mail or fax to:

City of Charlotte • Finance Department, Revenue Division
Attn: EZ Pay • P.O. Box 31032 • Charlotte, NC 28231-1032
Fax: 704-336-7090