

**Town of Ranlo**  
**Utilities Department**  
1624 Spencer Mountain Rd  
Gastonia, NC 28054  
(704) 824-3461



Application Automatic Bank Draft Utility Payments

Ensure receipt of payment every month, eliminating fees and service disruptions due to late payment. Payments will automatically be drafted from your bank account each month.

To enroll, please return this form along with a copy of a voided check by mail to Town of Ranlo, 1624 Spencer Mountain Rd, Gastonia, NC 28054 or per email to [info@townofranlo.org](mailto:info@townofranlo.org).

**Please complete the information below:**

I, \_\_\_\_\_ (Full Name) authorize the Town of Ranlo to charge my bank account indicated below on the 10<sup>th</sup> of each month for payment of my Town of Ranlo Utility Bill.

Utility Billing Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Billing address: \_\_\_\_\_

Email Address: \_\_\_\_\_

|                                |                                   |                                  |
|--------------------------------|-----------------------------------|----------------------------------|
| <b><u>Bank Information</u></b> | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> |
| Name on Account:               | _____                             |                                  |
| Bank Name:                     | _____                             |                                  |
| Account Number:                | _____                             |                                  |
| Bank Routing Number:           | _____                             |                                  |
| Bank City/State:               | _____                             |                                  |

1000

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS

FOR \_\_\_\_\_

⑆000000186⑆ 000000529⑆ 1000

ROUTING NUMBER      ACCOUNT NUMBER

\*\*\* To ensure accuracy of banking information, your *first* bill after enrolling will **NOT** draft. You will still need to pay this bill as usual. You will receive notification when you are enrolled. \*\*\*

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 Ranlo in writing of any changes in my account information or termination of this authorization. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. Items returned unpaid will be charged a \$30.00 service charge. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. Law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.