



ROANOKE RAPIDS SANITARY DISTRICT

Bank Draft Authorization Form

Customer Name: _____

Service Address: _____

Telephone Number(s): _____

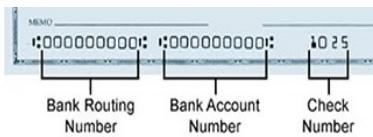
Utility Account Number: _____

Name of Bank: _____

Name on Bank Account: _____

Bank Routing Number: _____

Checking Account Number: _____



I authorize the Roanoke Rapids Sanitary District to draft the full amount of my monthly utility bill from the financial institution listed above. I have the right to stop this automatic payment at any time upon 30 days written notice to RRSD. I also understand that if the draft is rejected due to insufficient funds or other reasons, I may be subject to addition fees.

A voided check is required to authorize an automated bank draft!

X:

Date:

Customer Signature

Mail this completed form & a voided check to:

Roanoke Rapids Sanitary District
Billing Clerk
PO Box 308
Roanoke Rapids, NC 27870-0308

You may also submit this information in person to:

Roanoke Rapids Sanitary District
1000 Jackson Street
Roanoke Rapids, NC 27870

Go Paperless ~ Enroll in E-Bill Today!

Learn more at www.rrsd.org

For Office Use ONLY:

Date Received: _____

Void Check Verification: ()

Date Entered: _____

Late Fee Penalty Waived: ()

Date Active: _____

Deposit:

Completed By: _____

() Waived (New Accounts)

Verified By: _____

() Applied (Existing Accounts)