



# ROANOKE RAPIDS SANITARY DISTRICT

## Bank Draft Authorization Form

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

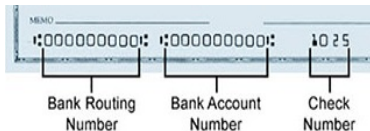
Utility Account Number: \_\_\_\_\_

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

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Learn more at [www.rrsd.org](http://www.rrsd.org)

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**For Office Use ONLY:**

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Date Active: \_\_\_\_\_

Completed By: \_\_\_\_\_

Verified By: \_\_\_\_\_

Void Check Verification: ( )

Late Fee Penalty Waived: ( )

Deposit:

( ) Waived (*New Accounts*)

( ) Applied (*Existing Accounts*)