



TOWN OF
HILLSBOROUGH

REQUEST

Auto Draft Enrollment

Billing and Collections Division | Financial Services Department
105 E. Corbin St., PO Box 429, Hillsborough, NC 27278
919-296-9450

CustomerService@hillsboroughnc.gov
www.hillsboroughnc.gov

Complete and submit this form with a voided check or a bank letterhead stating your bank account and routing numbers. Information will be kept confidential. Voided checking deposit tickets are not an acceptable alternative.

Enrollment can take up to two billing cycles. Please pay by other methods listed on your bill until your monthly bill states it is paid by draft.

Date to Draft Monthly: 10th 25th

Account Holder's Name: _____

Account Number: _____

Service Address: _____

Name of Financial Institution: _____

City: _____ State: _____

Routing Number: _____ Account number: _____

I (we) hereby authorize the Town of Hillsborough to initiate debit entries to my (our) checking account indicated below at the depository institution named below. This authorization is to remain in full force and effect until the Town of Hillsborough has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford the Town of Hillsborough and the depository institution a reasonable opportunity to act on it.

I hereby agree to conform to all applicable laws and regulations of the Town of Hillsborough, County of Orange, and State of North Carolina (as may be applicable to my request) and certify that the above information is true and accurate to the best of my knowledge.

Account Holder's Signature: _____ Date: _____