



Bank Draft Form

Billing, Collections & Customer Service
225 E Weatherspoon St Sanford, NC 27330
PO Box 3729 Sanford, NC 27331
Phone: (919) 775-8215 Fax: (919) 775-5084
Email: waterdept@sanfordnc.net

- Effective upon set-up, your account will be drafted on your due date every month.
- You will continue to receive a bill in the mail each month that will show the details of your account. Should you have a problem with the bill, (for example, a leak); you can request an adjustment if eligible before your draft date.
- If you disconnect service, your final bill will be drafted like a normal bill.

To sign up for bank draft, please mail or bring a voided check from the account you want drafted along with this form. You may mail the form to us at **PO BOX 3729 Sanford, NC 27331**. If you have additional questions please call **(919) 775-8215**.

COMPLETE AND RETURN WITH VOIDED CHECK

START BANK DRAFT

Date _____ Water Acct# _____ Name(s) on Account _____

I/We, _____, authorize the City of Sanford to draft my monthly
(signature of name(s) listed on water account)

bill for _____ for the amount due from the following account:
(service address)

Checking Savings

If joint banking account, both account holders must also sign.

(bank account holder)

(bank account holder)

STOP BANK DRAFT

Date _____ Water Acct# _____ Name(s) on Account _____

I/We, _____, request the City of Sanford stop drafting my monthly
(signature of name(s) listed on water account)

bill for _____ for the amount due from the following account:
(service address)

Checking Savings

If joint banking account, both account holders must also sign.

(bank account holder)

(bank account holder)

Office Use Only: CSR _____ CYCLE _____ DRAFT DATE _____