



**Town of Franklinton**  
**Authorization for Automatic Draft for Monthly Trash Bill**

101 N Main St  
Franklinton, NC, 27525  
919-494-2520

I (we) authorize the **Town of Franklinton** to electronically debit my (our) account as follows:

**Direct Payment through Bank**

Account Type:     Checking                       Savings

Bank Name	
Bank Address	
Routing Number	
Account Holder name	
Account Number	
Amount of Debit	\$25 + any applicable penalty fees
Date of Debit	On or after the 15 <sup>th</sup> of every month

**Card authorization**

Account Type:     Debit                                       Credit

Cardholder Name	
Billing Address	
Card Number	
CVC code	
Amount of Debit	\$25 + any applicable penalty fees
Date of Debit	On or after the 15 <sup>th</sup> of every month

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify the **Town of Franklinton** in writing that I (we) wish to revoke this authorization. I (we) understand that the **Town of Franklinton** requires at least 2 weeks' notice prior to the proposed effective date of the debit in order to cancel this authorization.

If the payment is rejected for Non-Sufficient Funds (NSF) for Debit accounts or a Declined transaction for Credit card accounts, I understand that the **Town of Franklinton** may attempt to process the charge again within 30 days, and I agree to an additional **\$25** charge for each attempt returned NSF or Declined, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute the **Town of Franklinton** debit with my bank or credit card company so long as the transaction corresponds to the terms indicated in this agreement.

Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**IF DOING A DIRECT PAYMENT THROUGH YOUR BANK, PLEASE ATTACH AND SEND A VOIDED CHECK FOR THE ACCOUNT REFERENCED ABOVE AND PLEASE MAIL THE APPLICATION AND CHECK IN TO THE TOWN HALL AT 101 N MAIN ST, FRANKLINTON, NC, 27525 OR EMAIL TRASHSERVICE@FRANKLINTONNC.US**