



CITY OF SALUDA

NORTH CAROLINA

Automatic Draft Bill Pay

Date: _____

I authorize the City of Saluda to do an Automatic Draft from

Checking Account

OR

Savings Account

On the monthly due date

Of every month for the total amount of my City of Saluda Utility Bill with Account Number

_____.

Name of Financial Institution: _____

Bank ABA or Routing Number: _____

My Account Number: _____

A voided check MUST accompany this completed and signed form when submitted to the City of Saluda.

Signature

Printed Name