



## Town of Kingstree

### Bank Draft Application

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Account: \_\_\_\_\_

#### **Bank Information**

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Your Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

**By signing this form you are Authorizing the Town of Kingstree to electronically debit your checking or savings account monthly for payment.**

**Please attach voided Check to application**

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prepared By

\_\_\_\_\_  
Approved By