



Burke County General Services

ACH Payment Authorization Agreement

PO Box 1217 · Hildebran · NC 28637

Check One:..... Initial Setup: Change:

Customer Information

Account #: _____ Customer #: _____

Account Name: _____

Billing Address: _____

Account Email Address: _____

**Attach Check Here
Required**

Participant Authorization

I (We) hereby authorize Burke County to initiate charges to the account named above for payment of water and/or sewer bills. The County will send written notice of the amount and the scheduled date of transfer at least ten calendar days prior to the due date.

This authority is to remain in effect until Burke County has received written notice of termination and has been provided a reasonable opportunity to act. The account holder has the right to stop payment of debit entry by notifying Burke County prior to charging the account. If the County initiates an incorrect debit entry to the customer's account, the customer shall have the right to ask the County to credit the amount from that entry to the account. To obtain proper credit to the account the customer shall have fulfilled the following conditions: Notify the County in writing of the incorrect entry within fifteen calendar days following the date the customer received the statement of account or a written notification of that entry or 60 calendar days after posting, whichever comes first.

Print Name: _____ Telephone: _____

Signature: _____ Date: _____

Bring in (or mail) a completed form and void check to:

Burke County General Services
PO BOX 1217 Hildebran, NC 28637

Burke County Use Only:

Date entered & scanned: _____

Clerk Name: _____