

BANK DRAFT REQUEST FORM



Customer Name: _____

Customer Address: _____

Utility Account Number(s) to Draft: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Checking Account _____ Savings Account _____

Date of Application: _____

Customer Signature: _____

[IF MAILING ATTACH VOIDED CHECK HERE]

IF FAXING PLEASE INCLUDE A COPY OF A VOIDED CHECK

Mail To: Beech Mountain Utilities•403 Beech Mountain Pkwy•Beech Mountain•NC 28604

or Fax To: 828-387-4862•Attention: Utilities Department

(Accounts are drafted on the 10th of the month after bills are mailed.)