

# West Carteret Water Corporation

4102 Highway 24

Newport, NC 28570

Office: (252) 393-1515 Toll Free: (877) 393-6829 Fax: (252) 393-1540

Website: www.wcwc.biz

Email: water@wcwc.biz

Book #: \_\_\_\_\_

Stop#: \_\_\_\_\_

## BANK DRAFT APPLICATION

FORMS MUST BE RECEIVED BY THE 1ST OF THE MONTH TO DRAFT CURRENT BILL. DRAFT WILL TAKE PLACE ON THE BILLING DUE DATE. IF THE DUE DATE IS ON A SATURDAY, SUNDAY OR BANKING HOLIDAY, YOUR ACCOUNT WILL BE DRAFTED ON THE FOLLOWING BUSINESS DAY. YOU WILL CONTINUE TO RECEIVE A COPY OF YOUR BILL EACH MONTH INDICATING THE AMOUNT TO BE DRAFTED.

Customer's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

WCWC Account No.: \_\_\_\_\_



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

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

Choose the type of Account:

Date draft is to be Active: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number to be Drafted: \_\_\_\_\_

Name on Account - if different from WCWC Customer Name:

\_\_\_\_\_  
Please Print the Name on the Account if Different

\_\_\_\_\_  
Name on Account - Signature

( ) I wish to participate in West Carteret Water Corporation's bank draft program. For account verification purposes, I have attached a **VOIDED CHECK** to this application.

\_\_\_\_\_  
WCWC Account Holder's Signature

\_\_\_\_\_  
Date

For Office Use Only:

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Date Active: \_\_\_\_\_

Comment Added:

Updated:

Scanned & Attached: