

TOWN OF HILLSVILLE

APPLICATION FOR BANK DRAFTS - BUSINESSES
DRAFT DATE: 5TH OF MONTH, OR NEXT BUSINESS DAY
NO CHARGE FOR SERVICE

PLEASE NOTE: INSUFFICIENT FUNDS FOR ANY REASON
WILL RESULT IN A CHARGE-BACK FEE.

Utility Bill Account Number _____

Service Address _____

Business Name _____

Address _____

City _____ State _____ Postal Code _____

Work Phone _____ Emergency Phone (Cell or Home) _____

E-mail Address _____

Bill delivery preference (please choose one): _____ Email _____ Mail (hard copy)

Bank Name _____ Checking _____ Savings _____

Bank Location _____

(location used primarily by customer)

Routing # (9 digits) _____ Account # _____

I give my permission for the Town of Hillsville to withdraw payments from my bank account for the purpose of _____ until I issue written notice to stop the withdrawals.

Signature

Date

PLEASE EMAIL TO utilbill@townofhillsville.com, MAIL TO PO BOX 545, HILLSVILLE, VA 24343, OR RETURN TO OUR OFFICE AT 410 NORTH MAIN ST.