

**TOWN OF HILLSVILLE**

**APPLICATION FOR BANK DRAFTS - RESIDENTIAL**  
**DRAFT DATE: 5<sup>TH</sup> 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 \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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