

RONNA ROWE GARRETT, COMMISSIONER
DONALD L. PORTER, COMMISSIONER
CHRISTOPHER G. DAVIS, COMMISSIONER
RICHARD W. KING, COMMISSIONER
TIMOTHY L. BRYANT, CEO/GENERAL MANAGER



FAYETTEVILLE PUBLIC WORKS COMMISSION
955 OLD WILMINGTON RD
P.O. BOX 1089
FAYETTEVILLE, NORTH CAROLINA 28302-1089
TELEPHONE (910) 483-1401
WWW.FAYPWC.COM

Dear Bank Draft Customer:

The Fayetteville Public Works Commission has received your request to make utility payments via bank draft. While we are processing your request, please continue to pay your bill as you normally would until you receive a bill with the wording "BANK DRAFT - DO NOT PAY." The draft due date will show on your bill. This is the date that the funds will be drafted from your bank account. Please pay close attention to this date as it may vary from month to month.

We ask that you make every effort to ensure that sufficient funds are in your account to cover the draft each month. PWC charges a \$25.00 fee for drafts that are not honored by the bank. You will receive notification of any draft requests that are not honored. If, at any time, your bill shows an "overdue" amount, please contact the PWC Accounts Receivable Department at (910) 223-4105.

Regards,

Marsha Krings

Marsha Krings
Accounting Manager

Detach and retain the top portion for your records. Please complete and return the bottom portion to **PWC Accounts Receivable, P.O. Box 1089, Fayetteville, NC 28302**

AUTHORIZATION AGREEMENT FOR BANK DRAFT

Customer Name _____ PWC Utility Account Number _____
Address _____ Phone _____
Please select: Checking ___ Savings ___ Account # _____
Name on Bank Account _____ Routing# _____
Name & Address of Bank _____

I hereby authorize Fayetteville Public Works Commission to draft my account each month per the above information. I understand that this authorization will be in effect until I notify PWC in writing that I no longer desire this service. Notice must be received 10 working days prior to the next draft date to allow PWC time to act on my notification. I have read and fully understand this memo.

Signature of Customer

Date

NOTE: PLEASE ENCLOSE A VOIDED CHECK FOR BANK ACCOUNT VERIFICATION

BUILDING COMMUNITY CONNECTIONS SINCE 1905

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER