

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: