

Town Of Chocowinity Water/Sewer Bill Draft Authorization Form

(Your Water/Sewer Bill will be drafted on the 10th of the Month)

Name on the Account _____

Water/Sewer Account # _____

Service Address: _____



Name of Bank: _____

Account Type (Checking or Savings) _____

Bank Routing #: _____

Bank Account #: _____



I certify that the above information is correct to the best of my knowledge:

By: _____

Date: _____

*Please include a copy or a voided check to verify information. Thanks!

Mail form to
Town of Chocowinity
PO BOX 145
Chocowinity, NC 27817