



Automatic Draft Bill Pay

Date: _____

I authorize the City of Saluda to do an Automatic Draft from my

Checking Account

OR

Savings Account

On the 10th 15th 20th

Of every month for the total amount of my City of Saluda Utility Bill with Account Number _____.

Name of Financial Institution: _____

Bank ABA or Routing Number: _____

My Account Number: _____

A voided check MUST accompany this completed and signed form when submitted to the City of Saluda.

Signature

Printed Name

City of Saluda, PO Box 248, Saluda, NC 28773 ~ (828)749-2581 Phone ~ (828)749-2373 Fax
Email: admin@cityofsaludanc.com