



CITY OF ARCHDALE

307 BALFOUR DRIVE
P.O. BOX 14068
ARCHDALE, NORTH CAROLINA 27263

PHONE: (336) 431-9141 FAX: (336) 431-2130

AUTHORIZATION TO MAKE CHANGES TO AUTOMATED DEBIT SERVICE

I (we) hereby authorize the City of Archdale to change bank information on our account

Effective: _____

Name(s) _____ Account # _____

Service Address: _____

Continue to draft my account on the _____ of each month

New Depository Name: _____

City: _____ State: _____

Routing Number: _____ Account Number _____

Signature _____ Date _____

Please attach a voided check to this form. It may take approximately 30 days before change will take effect.