



Town of Nags Head

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Nags Head, NC 27959
252-441-5508
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AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFERS

Yes, our business wants to participate in Electronic Funds Transfers into our bank account for invoices processed by the Town of Nags Head. We understand that we can terminate the EFT agreement simply by giving written notice.

Business Name _____
Name of Bank _____
Bank Address _____
City _____ State _____ Zip Code _____
Bank Transit/ ABA Number/ 9 Digit Routing Number _____
Name on Account _____
Phone Number _____

CHECK ONE

Deposit Funds into Checking Account

Account Number _____

Deposit Funds into Savings Account

Account Number _____

Please provide an email address for an EFT advice to be sent to.

Email: _____

Signature _____ Date _____

Name (Printed) _____ Title _____

I authorize funds to be deposited and withdrawn/adjustments made to the above business account. This authority is to remain in force and effect until the Town of Nags Head has received written notification from the above business of termination in such time and manner as to offer the Town a reasonable opportunity to act. Please complete all requested bank information including the bank's mailing address and phone number. Please allow thirty days following the date of application for EFT process to be completely set up.