

BANK DRAFT FORM

CUSTOMER ACCT#: _____

CUSTOMER NAME & ADDRESS:

DATE: _____

PHONE #: _____

WE WILL BE DEBITING YOUR:
_____CHECKING ACCT.

AGREEMENT:

The customer agrees to sign up for bank draft for a period of **one (1) year** from the date of signature. The customer holds all responsibility to inform our company whenever he/she wants to discontinue the service. If a draft is returned due to insufficient funds a **return charge of \$30.00** will be charged to your account.

CUSTOMER SIGNATURE

******PLEASE ATTACH A VOIDED CHECK TO THIS FORM.******
(PLEASE NOTE THAT WE CANNOT ACCEPT A DEPOSIT SLIP AS A FORM OF ENROLLING FOR BANK DRAFT.)