



TOWN OF DOBSON

AN EQUAL OPPORTUNITY UTILITY PROVIDER

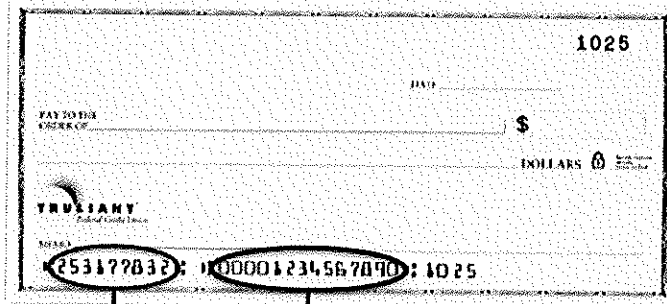
AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENT (ACH DEBITS)

Town of Dobson
PO Box 351
307 North Main Street
Dobson, NC 27017

Southern Community Bank & Trust
4605 Country Club Road
Winston Salem, NC 27104

I do hereby authorize the above listed institutions to initiate charges and debit from the checking account specified below. The Town will send written notice of the amount to be transferred in the form of a water bill at least ten calendar days prior to the date of transfer. Transfers will be initiated no sooner than the 14th of each month.

Depository Name _____ Branch _____
City _____ State _____ Zip Code _____
Bank Transit/ABA _____ Account # _____



ABA Routing
Transit Number
TFCU: 253177832

Shared Draft Checking
Number Example:
00001234567890

This authority is to remain in effect until the depository has received written notice of termination and has been provided a reasonable opportunity to take action. The depository customer has the right to stop payment of debit entry by notifying the depository prior to charging the account. If the organization initiates an incorrect debit entry to the customer's account, the customer shall have the right to ask the depository to credit the amount from that entry to the account. To obtain proper credit to the account the customer shall have fulfilled the following conditions: Notify the depository in writing of the incorrect entry within fifteen calendar days following the date the customer received the statement of account or a written notification of that entry of 60 calendar days after posting, whichever comes first.

Name _____ Date _____

Signed _____