



APPLICATION FOR UTILITY SERVICES

106 East Washington Street
Mebane, North Carolina 27302
Phone (919) 563-5901
Fax (919) 563-1007

Applicant _____
Last Name _____ First Name _____

Co-Applicant _____
Last Name _____ First Name _____

Service Address _____

Mailing Address _____
(If Different From Above)

Service Start Date _____

Driver's License _____ Birthdate _____

Home Telephone _____ Work Telephone _____

Employer _____

Previous Home Address _____

Have you had service with Mebane before? YES NO

If YES, when? _____ Where? _____

Do you own your home? YES NO Number of Occupants _____

Mortgage Company / Landlord & Telephone Number _____

Would you like your account to be drafted? YES NO

If YES, please complete the following information:

I/We hereby authorize the City of Mebane, hereinafter called the City, to initiate debit entries and, if necessary, credit entries and adjustments for any debit entries in error to my/our () Checking () Savings (select one) indicated below and the financial institute named below, to debit and/or credit the same to such account.

Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA Number: _____ Account Number: _____

This authority is to remain in full force and effect until the City has received written notification from me/us of its termination in such time and in such manner as to afford the City and the financial institution named above a reasonable opportunity to act on it.

Name(s): _____

Date: _____ Signed (X): _____

Signed (x): _____

Important Note: Two signatures are required for accounts in joint names. Pursuant to 42 U.S.C. 405 (c)(2)(C)(i), Personal information collected by the City of Mebane will only be used to ensure proper identification in the pursuit of delinquent charges. In no case will the information provided be shared, sold, or otherwise made available for public inspection.