



APPLICATION FOR RESIDENTIAL UTILITY SERVICES

106 East Washington Street
Mebane, North Carolina 27302
Phone (919) 563-5901 Fax (919) 304-9281

Account # \_\_\_\_\_ Processed by \_\_\_\_\_

Applicant \_\_\_\_\_ Last Name First Name

Co-Applicant\* \_\_\_\_\_ Last Name First Name

Social Security Number\*\* \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ (If Different From Above)

Service Start Date \_\_\_\_\_ Service End Date \_\_\_\_\_

Driver's License \_\_\_\_\_ Birthdate \_\_\_\_\_

Home or Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

Would you like to receive your bill by: [ ] Mail? [ ] Email? [ ] Both?

Prior Mebane service? [ ] YES [ ] NO Address if yes \_\_\_\_\_

Do you own your home? [ ] YES [ ] NO Landlord Name & Telephone \_\_\_\_\_

Would you like your payment 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 account indicated below and the financial institute named below, to debit and/or credit the same to such account. [ ] Checking [ ] Savings

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 Notes:

\*Two signatures are required for accounts in joint names. Pursuant to federal and State privacy laws, 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.

\*\*In accordance with G.S. §132-1.10, G.S. §143-64.60 and 5 U.S.C. §552a, Social Security Number(s) will be used to facilitate collection of delinquent accounts if not timely and voluntarily paid. For collection purposes, SSN's may be disclosed to the state to claim payment from any state income tax refund that might otherwise be owed.