

Lake Fork Special Utility District

Bank Draft Authorization Form

Date: _____

LFSUD Account Number: _____

To Whom It May Concern:

_____ has made a request to Lake Fork Special Utility District to draft their account for the payment of their monthly water bill.

Your current month's amount will be debited to your bank account number and bank on the 7th of every month. If the 7th falls on a weekend or a Holiday, the debit will be made the preceding working date; and for your records, the bill will be mailed to you.

Please find below an authorized signature, along with their bank account number.

Bank Name

Authorized Signature

Bank Address

Account Number

City, State and Zip Code

Routing Number

Bank Phone Number

**PLEASE RETURN ORIGINAL SIGNED FORM WITH A VOIDED CHECK FOR THE
ACCOUNT YOU WISH TO HAVE DRAFTED TO THE ADDRESS ABOVE.
NO FACSIMILES WILL BE ACCEPTED.**