

Lake Kiowa Special Utility District
133 Kiowa Dr S.
Lake Kiowa TX 76240-9539
Office # (940) 668-8391 - Fax # (940) 213-3695
www.lksud.org

BANK DRAFT APPLICATION

Account #: _____

Name: _____

Address: _____

Telephone #: _____

Social Security # (last four digits): _____

Bank: _____

Transit Routing #: _____

Bank Address: _____

Bank Account #: _____

PLEASE ATTACH VOIDED CHECK TO THIS FORM

By signing below, I/we hereby authorize Lake Kiowa Special Utility District to draft my regular monthly water bill from the aforementioned financial institution. In the event that there are insufficient funds available in my account to cover the amount of the draft, I acknowledge that I will be responsible for any charges assessed by the aforementioned financial institution or Lake Kiowa Special Utility District. This authorization shall remain valid until such time as I may terminate the bank draft service.

Customer

Date

****** Accounts are drafted on the 10th of each month*

Request Paperless Billing

Email Address: _____

Lake Kiowa Special Utility District

Date