Lake Kiowa Special Utility District
133 Kiowa Dr S.
Lake Kiowa TX 76240-9539
Office # (940) 668-8391 - Fax # (940) 668-6637
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 herby 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**