DRAFT AUTHORIZATION FOR CULKIN WATER DISTRICT

BEGINNING MONTH OF DRAFT
DEPOSITOR'S NAME
DEPOSITOR'S ADDRESS
DEPOSITOR'S PHONE NUMBER AND EMAIL
DEPOSITOR'S WATER ACCOUNT #
DEPOSITOR'S BANK ACCOUNT #
NAME OF BANK
BANK ADDRESS
*ALSO PROVIDE A VOIDED CHECK OR LETTER FROM BANK WITH ACCOUNT # AND ROUTING #
I HEREBY AUTHORIZE CULKIN WATER DISTRICT TO BE PAID BY MY BANK
(CLCNIA TILIDE)
(SIGNATURE)
BANK DRAFTS ARE TAKEN OUT OF THE 15 TH OF EACH MONTH IF THE 15 TH FALLS ON A WEEKEND OR HOLIDAY IT IS TAKEN BEFORE.

ANY CHANGES WILL NEED TO BE DONE THE 1ST WEEK OF THE MONTH TO ENSURE THE BANK DRAFT WILL GO THROUGH THE CORRECT BANK ACCOUNT