



# CASH SPECIAL UTILITY DISTRICT

172 FM 1564 EAST

P.O. BOX 8129

GREENVILLE, TEXAS 75404-8129

PHONE (903) 883-2695 FAX (903) 883-4045

## BANK DRAFT APPLICATION

CSUD Account #: \_\_\_\_\_ Date: \_\_\_\_\_ Cycle: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Bank: \_\_\_\_\_

Bank Account #

To Be Drafted: \_\_\_\_\_

*(Please attach a voided check)*

By signing below, I do hereby authorize Cash Special Utility District to draft my regular monthly water bill from the aforementioned financial institution. This authorization shall remain valid until such time as I may terminate the bank service.

\_\_\_\_\_

*Customer*

\_\_\_\_\_

*Cash Special Utility District*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Date*