

BANK DRAFT AUTHORIZATION

Date of Application: _____

CADDO BASIN ACCOUNT NAME: _____

CADDO BASIN ACCOUNT #: _____

I (we) hereby authorize CADDO BASIN SPECIAL UTILITY DISTRICT, hereinafter called DISTRICT, to initiate debit entries to my (our) checking account indicated below at the depository named below, hereinafter call Depository, to debt the same to such account.

Bank: _____

Branch: _____

City: _____ State _____ ZIP: _____

Bank Routing Number _____

Customer Bank Account Number _____

Bank Draft Start Date _____

This authorization is to remain in full force and effect until District has received written notification from me (or either of us) of its termination in such time and in such manner as to afford DISTRICT and DEPOSITORY a reasonable opportunity to act on it.

Name(s) on Bank Account: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

BANK DRAFT CANCELLATION/CHANGES

___ Stop Completely ___ New Routing Number _____

___ Changing Bank ___ New Account Number _____

Bank Draft Stop Date: _____

******PLEASE RETURN WITH A VOIDED CHECK******