DIANA SPECIAL UTILITY DISTRICT
P O BOX 74
DIANA, TX 75640-0074
903-663-4837

BANK DRAFT AUTHORIZATION

DIANA SUD ACCOUNT NUMBER: _____

NAME (AS BILLED):_____

ADDRESS:_____

CITY, STATE, ZIP CODE:_____

TELEPHONE NUMBER:_____

DRIVER'S LICENSE
NUMBER:_____DOB_____

NAME (ON BANK ACCOUNT):_____

BANK ACCOUNT NUMBER:_____

TYPE OF ACCOUNT: □ CHECKING □ SAVINGS

BANK NAME:_____

BANK ADDRESS:_____

BANK TELEPHONE NUMBER:_____

BANK ABA NUMBER:_____

The Diana Special Utility District will draft authorized accounts **on the due date** stated on the water bill you will receive on or about the first day of each month.

I hereby authorize Diana Special Utility District to draft my bank account as listed above for the total amount of the monthly water bill on the above listed account. I realize that the amount from my account will vary each month. I have enclosed my voided check.

_____ _____
Signature of Drawer Date