

## MONTHLY BANK DRAFT AUTHORIZATION (Voided Check is required)

NAME:	
ADDRESS:	
CUSTOMER ACCOUNT #	
HOME PHONE:	
ALTERNATE PHONE:	
E-MAIL ADDRESS:	
BANK:	
BANK ACCOUNT #:	
I Authorize Lindale Rural Water Supply Corp. to draft my bank account on the 13th of every month for my water bill.	
Date	Signature

Lindale Rural Water (903) 882-3335 / Fax # (903) 882-6822