

**STEPHENS REGIONAL
SPECIAL UTILITY DISTRICT**

P.O. Box 1621
Breckenridge, TX 76424
PHONE 254-559-6180 FAX 254-559-3820

DRAFT AUTHORIZATION

Customer Name: _____

Bank Information:

Bank Name: _____

Bank Address: _____

Bank Phone No.: _____

Bank Routing No.: _____

Name as it appears on the Bank account to be drafted: _____

Bank Account No. to be drafted: _____

Type of Account: Checking: _____ Savings: _____

Customer Signature

Date

**NOTE: Drafts are generated on or about the 10th of the month, but will be processed at your bank on the 15th of the month, unless the 15th falls on Saturday or Sunday, then the draft will be processed on the Friday prior to the 15th.*

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE

____SET UP IN RVS DRAFT SECTION

____ENTERED BILL CODE #11 IN CUST.SCREEN

____USB (Kingston)

____EMPLOYEE INITIALS ALL TASKS COMPLETED

____UNCHECK DEACTIVATION (if applicable)