

Make checks payable to:
Central Kansas Water
Bank Association
125 S Main St
Stafford, KS 67578

Central Kansas Water Bank Association
(The filing fee of \$100 must accompany this form)

For Office Use Only

Fee _____
Form # _____
TR # _____
Date Recd _____
Time Recd _____
Initials _____

**WITHDRAWAL SLIP
SAVINGS ACCOUNT**

Applicant Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Email: _____
Water Right File No: _____ Overlapping Water Right File No(s): _____
Legal Desc: _____¹/₄, _____¹/₄, _____¹/₄, Sec _____ Twp _____ Rng _____, _____ County
Certified Acre-Feet: _____ AF Savings Account Balance: _____ AF
Amount requested for withdrawal from Savings Account: _____ AF
Amount remaining in Savings Account: _____ AF

ACKNOWLEDGEMENT OF TERMS AND CONDITIONS The undersigned acknowledges they have provided the Central Kansas Water Bank Association with honest, accurate information in preparation of this deposit.

Water Right Owner: _____ Date: _____
Association Representative: _____ Date: _____

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CKWBA Account No: _____ Balance as of: _____
Water Right File No: _____ Total Water Available: _____ AF
Application approved: Yes No If "NO" Give reason: _____
Date: _____
Reviewed by (Association Representative)