



Authorization for Direct Payment (ACH Autopay Using Checking or Savings)

45 River St. • PO Box 248, Cathlamet, WA 98612
Phone (360) 795-3266 or (360) 465-2171
www.wahkiakumpud.org

I **HEREBY AUTHORIZE** Public Utility District No. 1 of Wahkiakum County (Wahkiakum PUD) to initiate recurring debit entries to my bank account at the depository financial institution (bank) indicated below. I understand that my payment(s) will be deducted from my bank account on the first working date after the Statement Due Date each month.

CUSTOMERS WITH MORE THAN ONE PUD ACCOUNT may use one Authorization form to pay multiple PUD accounts if the same bank routing and account numbers are used. If you use more than one bank account, please complete a new form for each autopay request.

PUD Customer Name(s): _____

PUD Account Number(s): _____

Financial Institution Name: _____

Routing Number*: _____ **Account Number*:** _____

** Do not include special characters – numbers only*

Select One: Checking Account Savings Account

Is this a personal/consumer account? Yes No*

** Business/corporate accounts are not currently eligible.*

I understand that this Authorization will remain in effect for current or future autopay requests authorized by me until Wahkiakum PUD has received notification from me of its termination in such time and in such manner as to afford Wahkiakum PUD a reasonable opportunity to revoke it. Customers who experience an unsuccessful payment attempt will be notified by mail. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) Wahkiakum PUD will follow Wahkiakum PUD's Fee Schedule. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Your Name: _____ Phone: _____
(Please Print)

Signature: _____ Date: _____

PLEASE NOTE: The name of the bank account holder and PUD customer must match or be authorized by the bank account holder.

Return a voided blank check or voided savings deposit form (copies are not accepted) and this completed form:

By Mail: Wahkiakum PUD, PO Box 248, Cathlamet WA 98612

In Person: 45 River Street, Cathlamet

PUD USE ONLY

Note autopay changes with initials:

ACH Autopay Added _____ CC Autopay Cancelled (if applicable) _____ Date _____

The mission of Public Utility District No. 1 of Wahkiakum County is to provide the most reliable electric and water service at the most reasonable cost along with quality customer service to the District's ratepayers. This institution is an equal opportunity provider and employer.