

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

## **Douglas County PUD Direct Payment Authorization Form**

I authorize *Public Utility District No.1 of Douglas County* and the financial institution named below, to process variable entries or a set budgeted amount to my account(s). This authorization will remain in effect until I notify *Public Utility District No.1 of Douglas County*, within five (5) working days, that I would like to terminate this authorization.

The first payment cannot be withdrawn from your bank account until at least ten (10) days have passed from the date we receive this authorization form.

- *Closing bills will not be withdrawn via direct payment.*
- *Accounts on a Leave Alive agreement may not be paid through direct payment.*

Customer Name: \_\_\_\_\_

Customer Phone Number (*Required*): \_\_\_\_\_

PUD Account Number(s) to pay through Direct Payment:

\_\_\_\_\_

Name of Bank or Financial Institution: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach Voided Check Here**

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