



Douglas County PUD Pre-Authorized Payment Form

Name of Bank or Financial Institution	
Type of Account Checking or Savings	

I authorize *Public Utility District No. 1 of Douglas County* and the financial institution named above, 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) business days, that I would like to terminate this authorization form.

Please note, the first payment cannot be withdrawn from your bank account until at least ten (10) days have passed from the date we receive this authorization form.

Customer Name	
Customer Address	
Customer Phone Number	
Customer Account Numbers Please List All	

Signature: _____ Date: _____

ATTACH VOIDED CHECK