

**Dear Customer:**

Just Think. **No checks, no postage, no forgetting, no hassle!** Make paying your water bill simple by using our easy and convenient **Automatic Payment Service**. To participate in this program, just complete the authorization form below and return it along with a voided check with your next payment. With your authorization the PUD will automatically deduct your monthly water bill from your bank account. You can choose between equal monthly payments or payments based on the billing for that month. You will continue to receive a monthly statement for your records.

For more information contact a PUD customer service representative at **758-1010**.

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**AGREEMENT FOR PRE-AUTHORIZED DEBIT**

I (we) hereby authorize Public Utility District No. 1 of Asotin County, hereinafter called District, to initiate debit entries to my (our) account at the financial institution named below, hereinafter called Depository.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA No:                                    Account No: \_\_\_\_\_  
(The first 9 digits on the bottom of your check)

Deduct From: Savings \_\_\_ Checking \_\_\_

Bank Phone No: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

This authority is to remain in full force and effect until the District and Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford District and Depository a reasonable opportunity to act on it.

Name(print): \_\_\_\_\_ Tax (or Soc Sec) #: \_\_\_\_\_

Name(print): \_\_\_\_\_ PUD Customer #: \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check one:**

\_\_\_\_\_ I would like equal monthly payments.

\_\_\_\_\_ I would like payments based on my water bill for that month.

**Note: This form will be used for account verification only. This document will be destroyed after initial payment processing is complete.**