

# PUBLIC UTILITY DISTRICT NO. 2

OF

## PACIFIC COUNTY



405 Duryea Street  
P.O. Box 472  
Raymond, Washington 98577  
(360) 942-2411 FAX (360) 875-9388

9610 Sandridge Road  
P.O. Box 619  
Long Beach, Washington 98631  
(360) 642-3191 FAX (360) 642-9389

### ACH Authorization Agreement

I (we) hereby authorize Public Utility District No. 2 of Pacific County ("PUD"), to initiate debit entries to my (our)  Checking Account  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Bank", and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name \_\_\_\_\_

Phone # \_\_\_\_\_ PUD Acct # \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

I would like to sign up for paperless billing to receive a one-time \$10 bill credit (Smarthub account required, contact your local office for assistance)

This authorization is to remain in full force and effect until the PUD has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Public Utility District #2 of Pacific County and BANK a reasonable opportunity to revoke it.

Customer

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

**PLEASE INCLUDE A COPY OF A VOIDED CHECK**

Your payment will be deducted from your bank account indicated on the selected date each month (mark with "X")\*:

5th \_\_\_\_\_ 12th \_\_\_\_\_ 20th \_\_\_\_\_ 27th \_\_\_\_\_

\*This option only applies to customers participating in paperless billing, all others will be deducted on the 5th or 20th depending on bill cycle.

PUD USE ONLY:

Employee  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Paperless Customer (circle)? YES NO