



Douglas County PUD  
Pre-Authorized Payment Form

<b>Customer Name:</b>	
<b>Customer Phone:</b>	
<b>PUD Account Numbers to Pay Through Pre-Authorized Payment:</b>	
<b>Type of Checking Account Personal or Business:</b>	

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.

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

ATTACH VOIDED CHECK