



## Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard or Discovery Card. Just complete and sign this form to get started.

<b>Account Number:</b>	
<b>Name:</b>	
<b>Billing Address:</b>	
<b>City:</b>	
<b>State, Zip:</b>	
<b>Phone:</b>	

I hereby authorize the Grays Harbor PUD to automatically withdraw funds from my Credit card or my Checking/Savings account (that I have listed above) for my monthly billing payment. In the event of an incorrect amount or entry, I authorize the district to reverse this transaction. I understand that this authorization will remain in effect until I notify the Grays Harbor PUD in writing or I go onto the website and make the cancelation. I understand that if I do not notify the Grays Harbor PUD at least 10 days prior to my bill due date it may not take effect until the following billing period. It is my responsibility to notify the district of any changes to my account.

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

### Checking/Savings Account

### Credit/Debit Card

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
<b>Name on Account:</b>	
<b>Bank Name:</b>	
<b>Account No:</b>	
<b>Bank Routing:</b>	
<b>Bank City/State:</b>	

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
<b>Cardholder Name:</b>		
<b>Account Number:</b>		
<b>Exp: Date:</b>		

**It is the customer's responsibility to notify us when their card expires.**

**Please return a voided check when signing up for Recurring Payment with a checking account.**