

OFFICIAL (ACCOUNT NUMBER \_\_\_\_\_)  
USE (ROUTE & STOP \_\_\_\_\_)

**AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize PUD #1 of Skamania County, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter call FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City-State) (Zip)

\_\_\_\_\_  
(Routing/Transit Number) (Account Number)

Type of Acct: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

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

\_\_\_\_\_  
(Print Individual Name) WITHDRAWAL DATE  
(Day after Due date on bill)

\_\_\_\_\_  
(Signature) (Date Signed)

\_\_\_\_\_  
(Account Number) Start Date (Month/Year)

***Please attach copy of voided check to this form.***