



Public Utility District No. 1

of Skamania County

Post Office Box 500 • Carson, WA 98610
Phone (509) 427-5126 • Fax (509) 427-8416
Toll Free (800) 922-5329

RECURRING MONTHLY PAYMENT AUTHORIZATION FORM

Account # _____

Name on PUD Account _____

E-Mail Address _____

Phone Number _____

I will contact PUD with Bank Account/Mastercard/VISA/Discover Card information either in person or by telephone. Please do not email this information to us.

Please return completed form to:

PUD #1 of Skamania County

PO Box 500

Carson WA 98610

-OR-

info@skamaniapud.com

I am the authorized user of the above referenced account and authorize PUD #1 of Skamania County to process my bank account or credit/debit card on file for billing payment. Payments in the full amount due may be processed no sooner than the due date.

Signature _____ Date _____

Print Name _____