



## RECURRING MONTHLY PAYMENT AUTHORIZATION FORM

Name on PUD account \_\_\_\_\_

Account number \_\_\_\_\_

E-mail \_\_\_\_\_

Prefer e-mail notice when statement available \_\_\_\_\_

Prefer paper statement \_\_\_\_\_

**I will contact PUD with bank account/Mastercard/VISA/Discover card information either in person or by telephone.**

I authorize Kittitas PUD #1 to **process** my bank account or credit/debit card on file for my monthly payment. I am the authorized user of the account. Payments will be processed 1 time per month by the PUD.

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

Print Name \_\_\_\_\_

I contacted and authorize Kittitas PUD #1 to **remove** my bank account or credit/debit card on file for my monthly payment. I am the authorized user of the account.

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

Print Name \_\_\_\_\_

Please return completed form to:

Kittitas PUD #1  
1400 Vantage Hwy  
Ellensburg, WA. 98926  
-Or-  
Submit electronically