



Public Utility District No. 1  
of Thurston County

## DIRECT DEBIT APPLICATION (Optional)

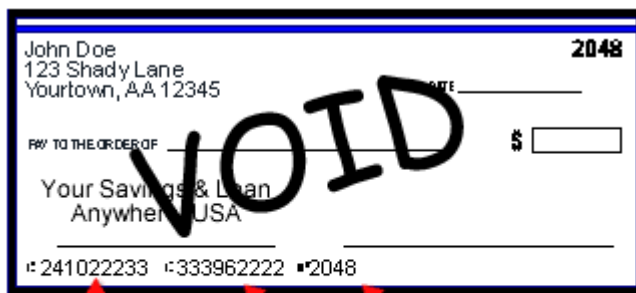
### Customer Account Information

Customer Account Number: \_\_\_\_\_  
Customer Name: \_\_\_\_\_  
Customer Mailing Address: \_\_\_\_\_  
Main Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

### Bank Information

Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_

Please provide a voided check with this application.



Routing Number      Account Number      Check Number

OFFICE USE ONLY – CUSTOMER NAME(S):

I authorize Thurston PUD to withdraw funds directly from the account listed above for my monthly water service. I understand that my monthly bill will be debited around the 15<sup>th</sup> day of every month.

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

OFFICE USE ONLY
Account Number: _____ Date Added: _____ Initials: _____