



# Auto Pay Application

Pay your PUD bill with an automatic checking or savings account deduction.

**When you sign up for Auto Pay, your bill is paid on time every month and you don't have to worry about your check being lost or stolen.** You'll still receive a statement from the PUD each month that shows your electric usage and the amount of your bill. Your bank statement will show the payment date and amount.

The Auto Pay deduction will become active when your bill states "**AUTO PAY - DO NOT PAY.**" Please continue to pay your bill until then. Once Auto Pay is active, your payment will be drafted on or after the due date. To make changes to or cancel Auto Pay, please notify the PUD five (5) business days prior to the due/draft date on your bill.

**To sign up, visit [www.crpud.net/autopay](http://www.crpud.net/autopay) or submit this application form to Customer Accounts:**

*To keep your account information safe, please do not fax or email your application to us. Mail it or drop it by our office:*

**Mailing Address:** PO Box 960, St. Helens, OR 97051

**Street Address:** 64001 Columbia River Hwy, Deer Island, OR 97054

**\*\*PLEASE RETAIN A COPY FOR YOUR RECORDS\*\***

Bank Name: \_\_\_\_\_ Account Type:  Checking  Savings

Routing Code #: \_\_\_\_\_ Account Number #: \_\_\_\_\_

By enrolling, I authorize the PUD to deduct any and all current outstanding balances from my account.  Yes  No

*If selecting "No," I understand I am responsible for paying any and all current outstanding balances.*

Name(s) as shown on bank account: \_\_\_\_\_

Mailing address for bank account statement: \_\_\_\_\_

Select a Payment/Draft Date (check one):  5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup>  25<sup>th</sup>

Note: This may change your billing date.

**Please include a voided blank check with your application form. No deposit slips will be accepted.**

Name(s) on Account: \_\_\_\_\_ PUD Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*I authorize Columbia River PUD to debit my financial institution listed above in the amount of my bill, on or after the designated due date each month. This authorization shall remain in effect until cancelled, or Auto Pay is removed for cause. I understand the PUD's Non-Sufficient Funds (NSF) policies and procedures also apply to the Auto Pay program. If an NSF occurs, I understand I must remit payment to the PUD, including fees, before the next draft or Auto Pay may be cancelled for my account.*

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

<b>** FOR OFFICE USE ONLY **</b>		
Date Set Up _____	Set Up By _____	AP/EC _____