



DIRECT DEBIT APPLICATION (Optional)

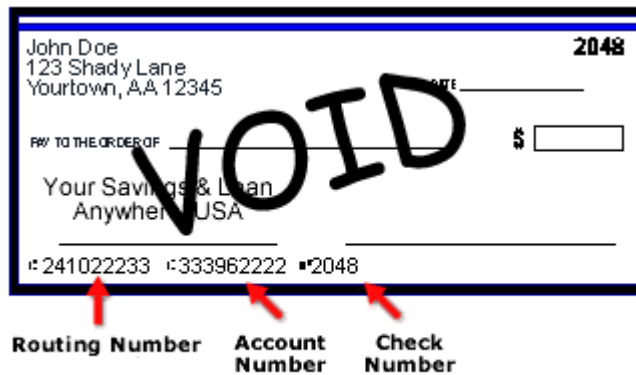
Customer Account Information

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.



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 15th day of every month.

Signature: _____ Date: _____

OFFICE USE ONLY		
Account Number:	Date Added:	Initials: