



Equal Payment Plan Application

Complete this application form to enroll in the Equal Payment Plan (EPP). Prior to completing this form, please be sure to review the program eligibility requirements and frequently asked questions (FAQ) at www.ThurstonPUD.org/EPP.

The District may contact you regarding the status of your account, as well as to inform you of service emergencies or outages and/or other general news. It is your responsibility to maintain current contact information with our office.

Contact Information

Full Name*: _____

* Your name must match the name currently on the active account.

Account Number: _____

Service Address: _____

Mailing Address*: _____

Primary Phone Number: _____

Email Address: _____

Agreement Information

Enter your initials for each item listed below.

_____ I understand that EPP payments are due by the 15th of each month.

_____ I understand that I must keep my account in good standing. Returned payments and multiple past due payments may result in my account being removed from the EPP program.

_____ I understand that if my account is removed from the EPP program for any reason, I am responsible to bring my account balance to zero by the due date.

_____ I understand that I can cancel at any time by contacting the PUD's Customer Service Department at (866) 357-8783.

Authorization

I have read and understand the EPP program information and requirements.

Signature: _____ Date: _____

Please email your completed form to PUDCustomerService@ThurstonPUD.org, fax to (360) 357-1172, or mail to Thurston PUD, 1230 Ruddell Rd SE, Lacey, WA 98503.