



PUD #1 OF CLALLAM COUNTY
PO BOX 1000
CARLSBORG, WA 98324
1.800.542.7859 / 360.452.9771

ELECTRONIC FUNDS TRANSFER PROGRAM

Account Name: _____ PUD Account #(s): _____
Please Print

PLEASE SELECT ONE OPTION:

- New EFT Setup**
- Existing EFT Update, existing PUD account #(s): _____, new PUD account #(s): _____**
- Add New PUD Account to Existing EFT, existing PUD account #(S): _____**
- EFT Cancellation.** Please cancel my Electronic Funds Transfer. I will use another method of payment for my utility bill.

REQUIRED DOCUMENTS FOR CHECKING ACCOUNT EFT:

- Voided check or letter from bank showing bank name, customer name, complete routing number and complete account number.
- Deposit slips are not acceptable.

REQUIRED DOCUMENTS FOR SAVINGS ACCOUNT EFT:

- Statement from bank showing bank name, customer name, complete routing number and complete account number.
- Deposit slips are not acceptable.

PLEASE SATISFY BOTH OPTIONS, CHECK BOXES, SIGN AND SUBMIT FORM:

- PAY ACCOUNT TO A ZERO BALANCE.** If account has any balance, checking this box authorizes Clallam PUD to pay any balance due Immediately upon processing of form.
- ATTACH VOIDED CHECK HERE, OR ATTACH STATEMENT OR LETTER FROM BANK WITH FULL ACCOUNT INFORMATION**

I authorize PUD No. 1 of Clallam County to transfer funds from my bank account each month to cover my monthly utility bill. I understand that I control my payments and if at any time I decide to stop a payment or to discontinue this payment service I will notify the PUD. I have read and understand this form.

Date: _____ Signature: _____ Phone: _____

CSR INITIALS: _____ PROCESSED BY: _____

EFT FORM 02/2023

DIRECT PAYMENT THROUGH ELECTRONIC FUNDS TRANSFER

EFT

Paying your PUD bill is now as easy as an automatic transfer from your bank account, and there is no extra charge for this service. Pay your account to a zero balance, complete the reverse side of this form and attach a voided check for checking account withdrawal or deposit slip for savings account withdrawal. Your bank document must include your ABA or routing number and savings or checking account number. If you have questions or need any assistance with EFT, please contact the office. Return this form to any PUD office or mail it to:

PUD #1 of Clallam County
Attn: Credit Collection Specialist
PO Box 1000
Carlsborg, WA 98324

Your payment will be pulled from your bank account on the due date shown on your monthly statement, or the next business day thereafter. Please review your billing statement for the date and amount that will be pulled from your bank account. A message will display at the bottom of your bill indicating that your payment will be made by Bank Draft.

Your EFT payment will be clearly identified on your monthly bank statement and show as a payment on your utility bill.

Set up automatic payments via checking or saving account, debit or credit card using SmartHub on our website at www.clallampud.net.

Your PUD account will be assessed a returned payment fee for any EFT payments that are declined by your bank. Declined payments may result in removal from the EFT program.