



PASCOAG UTILITY DISTRICT

Pascoag Electric

253 Pascoag Main Street
P.O. Box 107
Pascoag, R.I. 02859
Phone: (401) 568-6222
Fax: (401) 568-0066

Recurring Bank Draft Authorization Form

Revision no: 1

Effective: 4-20-11

This authorization form will remain in effect until either canceled in writing or an updated form changing the information is submitted to the above address.

Bank Information:	
Bank Name:	
Address #1:	
Address #2:	
City/State/Zip:	
Contact Person:	
Checking Account Bank Routing Number (9 digits ABA#):	
Name as it Appears on the checking account:	
Customer Information:	
Electric Account # From your electric bill:	
Water Account # From your water bill:	
Email Address:	
Service Location address:	
Phone Number:	
Name as it appears on Your electric or water bill:	
Note :***** A voided check must accompany this form*****	

I hereby authorize Pascoag Utility District to automatically withdraw from my checking account the total due on my billing statement each month. I authorize the financial institution named above to accept such transaction initiated by Pascoag Utility District.

Signature:	Date:
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For Internal Use Only		
Date Received:	Date Confirmed:	Confirmed By: