

**Putnam Public Service District**  
**PO Box 860 Scott Depot WV 25560**  
**Phone: (304) 757-6551 Fax (304)757-6558**



**Automatic Payment Deduction Form**

I authorize Putnam Public Service District and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify Putnam PSD in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution and Putnam PSD three (3) days before my account is charged.

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Customer Name (Please Print)

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Customer Address (Please Print)

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Putnam PSD Acct #

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Customer S.S.#

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Daytime Telephone

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Home Telephone

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Name of Financial Institution

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Branch

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City

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State

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Zip Code

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Signature

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Date

Account No. \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

**YOU MUST ATTACH A VOIDED CHECK FROM THE ACCOUNT YOU WISH TO USE BEFORE WE CAN START THE PROCESS.**

**Your withdrawal date will be based on the "cycle" you are in and will be charged on the date below or the next business day.**

**C 4/6 - 5<sup>TH</sup>    C 9/10, NP - 10<sup>TH</sup>    C 1/2 - 15<sup>TH</sup>    C 3/7,5,8 - 25<sup>TH</sup>**