

**Hardwick Electric Department**

PO Box 516

Hardwick, Vermont 05843

(802) 472-5201 - (802) 472-3388

Fax (802) 472-6769

**AUTOMATIC BILLING PAYMENT AUTHORIZATION FORM**

I authorize the Hardwick Electric Department to charge my/our (SELECT ONE PAYMENT OPTION BELOW) each month 15 days after the date of billing for my electric services:

\_\_\_\_\_  
Primary Electric Account Holders Name

\_\_\_\_\_  
Secondary Account Holders Name

\_\_\_\_\_  
Electric Account Number (s)

**Credit/Debit Card listed below (Visa/MasterCard/Discover):**

**Primary Card Account**

\_\_\_\_\_  
Name on credit card (exactly as printed)

\_\_\_\_\_  
Billing Address for credit card (Street, Apt #)

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
City, State, Zip code

**Checking Account (ACH Transaction)**

\_\_\_\_\_  
Bank/Depository Name

\_\_\_\_\_  
Branch Location

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Checking Account Number

**Savings Account (ACH Transaction)**

\_\_\_\_\_  
Bank/Depository Name

\_\_\_\_\_  
Branch Location

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Savings Account Number

I authorize Hardwick Electric to:

Bill all charges to the above credit/debit card/checking/savings account(s). Charges each month for electric services billed. I understand that the amount will vary depending on the amount of watts used, which will be disclosed on the monthly billing statement received at least 10 days prior to the actual Credit card/Checking account/Savings account charge date.

This authorization is to remain in full force and effect until Hardwick Electric has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford Hardwick Electric a reasonable opportunity to act on it.

Hardwick Electric, upon written notification, may terminate this authorization upon payment declining during the initial processing of charges, for two (2) consecutive months.

\_\_\_\_\_  
Signature (Primary)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Secondary)

\_\_\_\_\_  
Date