



**TOWN OF MANSFIELD
MUNICIPAL ELECTRIC DEPARTMENT**

125 HIGH STREET, UNIT 2
MANSFIELD, MA 02048

(508) 261-7361 * FAX (508) 261-7391

CREDIT CARD AUTHORIZATION FORM

Please complete this form authorizing Mansfield Electric to process payment to your account monthly using your credit card.

Name: _____

Address: _____

Phone: _____

Electric Account #: _____

Visa _____ Mastercard _____

Name on Card: _____

Billing Address for Card: _____

Card Account #: _____

Card Expiration Date: _____

I authorize Mansfield Electric to process payments to my electric account using my credit card listed above. If at any time I wish to discontinue this service, I must simply notify Mansfield Electric in writing.

Signature: _____ Date: _____

Witness: _____

FOR OFFICE USE ONLY

Billing Cycle _____ PC Transact It Date _____ Clerk _____