



Sign up for Direct Debit and your electric bills will be automatically paid from your checking or savings account. It's safe, convenient and there is no charge for the service. As an added bonus, your account will be debited on the bill due date, so you will always get your prompt payment discount as long as your account is current.

Please mail completed form and voided check to:
Town of Mansfield Municipal Electric Dept
Attention: Laurie Anderson
125 High St; Unit 2; Mansfield, MA 02048

DIRECT DEBIT AUTHORIZATION FORM

Name on Account: _____

Address: _____

Phone Number: _____

Electric Account # _____
(please indicate by Account number which Electric bill(s) you wish to pay by direct debit)

CUSTOMER'S BANK INFORMATION

Checking Account Number _____
Please attach a voided check or cancelled check

Savings Account Number _____
Please attach a savings deposit slip

ABA Number (Bank Routing #) _____
(Nine digit number located at the bottom left-hand of your check and is unique to your financial institution)

PAYMENT AUTHORIZATION

I hereby authorize the Mansfield Municipal Electric Department (MMED) to initiate debit entries in the full amount due as payment for the electric bill(s) indicated above and charge my account at the financial institution named on this authorization on my bill due date. This authorization shall remain in effect until MMED receives written notification from me of intent to terminate at such time and in such manner as to afford MMED reasonable opportunity to act (minimum 30 days).

All changes to bank information will require a new Direct Debit Authorization Form to be filled out and submitted to MMED 15 days prior to any change being implemented. I understand that this Direct Debit Authorization may be cancelled by MMED due to NSF (Non-Sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank and MMED harmless from damages, loss or claim resulting from all authorized actions hereunder.

Customer Signature _____ Date _____

Second Authorized Signature of
Bank Account if required _____ Date _____

FOR OFFICIAL USE ONLY –
Billing Cycle _____

Date _____

Clerk _____