



AutoPay Authorization Form

Norwich Public Utilities is pleased to offer *AutoPay* to all customers whose accounts are in good standing. Please use this form to enroll or to make changes to your bank or credit card information. **Only fully completed, signed and dated forms can be used to enroll you into the AutoPay service.**

If the transactions you authorize cannot be processed due to insufficient funds or any form of fraud, NPU reserves the right to discontinue your participation in this service and will charge all applicable fees. A copy of these fees is available at the NPU Customer Service Center or on the web site www.norwichpublicutilities.com. For your protection, bank or credit card fraud will be promptly reported to legal authorities.

- New request*
 Change of information

Please print

Customer Name: (as shown on billing statement) _____

Service Address(es): _____

Account Number(s)

-

-

-

-

(additional service addresses/account numbers can be listed on the back side of form)

Check here if additional accounts are listed on back

Mailing Address (if different from service address) _____

City _____ State _____ Zip Code _____

Daytime Phone Number _____ Email Address _____

Please choose only one (1) account from the options below for AutoPay. If you need to change this option at a later time, a new form will need to be completed and signed.

Checking Account Withdrawal: (see image to locate routing & account numbers or attach a voided check)

Name of Financial Institution _____

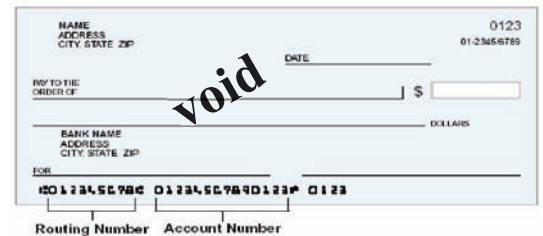
Name on Account _____

Routing Number Account Number _____

Credit or Debit Card Type of Card: Visa Mastercard

Card Number: - - - Exp. Date _____

Name on Card: _____



I authorize Norwich Public Utilities (NPU) to set up AutoPay, a monthly payment to be made to NPU from the account specified above. I understand that the payment will be made 15 to 20 days after my statement billing date in the amount of my account balance or budget amount due. I will notify NPU of any changes in my account information by submitting a new form. I acknowledge that it may take up to 30 days for my enrollment or changes to take effect, and I will ensure that my account is kept in good standing by using an alternate payment method until I see the AutoPay notice on my billing statement. If, at any time I decide to stop this automatic payment plan I will notify NPU in writing.

Signature of Credit Card or Bank Account Owner:

_____ Date _____

Please return completed and signed form to NPU, 173 North Main Street, Norwich, CT 06360 ATTN: AutoPay