

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.

☐ New request ☐ Change of information Please print Customer Name: (as shown on billing sta	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.
Service Address(es):	Account Number(s)
_	an be listed on the back side of form) Check here if additional accounts are listed on back e address) State Zip Code
Daytime Phone Number Please choose only one (1) account fro to change this option at a later time, a Checking Account With	Email Address If you need new form will need to be completed and signed. If you need need to be completed and signed. If you need need to be completed and signed. If you need need to be completed and signed. If you need need to be completed and signed. If you need need to be completed and signed. If you need need to be completed and signed. If you need need to be completed and signed. If you need need to be completed and signed. If you need need to be completed and signed
Name on Account Routing Number Credit or Debit Card	Account Number Type of Card: Visa Mastercard

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:

Card Number:

Name on Card:

Date						

Exp. Date