AUTOMATIC PAYMENT ENROLLMENT FORM

bourne's energy *Fueling the future*

Customer Name	
Nancy duMont	
Customer Account Number 121307	**Daytime Phone** 802-793-1430

I authorize Bourne's Energy to automatically debit my account for the following

SELECT ONLY 1 PAYMENT OPTION

Option 1: MONTHLY PAYMENT – EFT or Credit/Debit Card

What would you like to pay?   Pallspera / Area Assoc. Discount

_____ Smart Pay Plan (Budget only)   _____ Fuel   _____ Service   _X_ All Charges

Select Your Monthly Payment Date: 10th _____   15th _____   20th _____   25th _X_

METHOD OF PAYMENT (SELECT ONLY 1, card or EFT)

Credit/Debit Card

Master Card _____ Visa _X_ Discover _____

Card Number 4100 3901 31438703

Expiration Date 11 / 24

Billing Address for card
1241 Taber Hill Rd
Stowe, VT 05672

Electronic Fund Transfer (EFT)

Checking Account _____ Savings Account _____

Bank Name _____

Account Number _____

Please attach a voided check

Option 2: PAY BY INVOICE AS BILLED – Credit/Debit Card Only

Pay by Invoice (Select only 1)

_____ Fuel   _____ Service   _____ Fuel & Service   _____ All Charges

Credit/Debit Card

Master Card _____ Visa _____ Discover _____

Card Number _____

Expiration Date _____ / _____

Billing Address (for Credit Card/Debit Card)

_____

_____

TERMS AND CONDITIONS

This authorization is to remain in effect until Bourne's Energy has receives notification of its termination. If the payment is returned for any reason a **$50 service fee** will be applied to your account. This authorization will remain in effect year after year until the undersigned requests termination of withdrawal.

Signature	Nancy duMont	Date	1/21/21
OFFICE USE ONLY	Date Entered:	Entered By:	