

AUTOMATIC PAYMENT ENROLLMENT FORM



Customer Name	Nancy Dumont	802-793-1430
Customer Account Number	121 307	Daytime Phone
Billing Address (for Credit Card/Debit Card OR bank account)	1241 Taber Hill Rd. Stowe, VT 05672	

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?

____ Smart Pay Plan (Budget only) ____ Fuel ____ Service ____ All Charges

Select Your Monthly Payment Date: ____ 5th ____ 10th ____ 15th ____ 20th ____ 25th

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

Credit/Debit Card

Master Card ____ Visa ____ Discover ____

Card Number _____

Expiration Date ____/____/____

Electronic Fund Transfer (EFT)

Checking Account ____ Savings Account ____

Business ____ Personal ____

Bank Name _____

Account Number _____

Please attach a voided check

Option 2: PAY BY INVOICE AS BILLED

Pay by Invoice (Select only 1)

Electronic •••••

Credit/Debit Card

Master Card ____ Visa ____ Discover X

Card Number 6011 01202221 8225

Expiration Date 03/25

Checking Account ____ Savings Account ____

Business ____ Personal ____

Bank Name _____

Account Number _____

Please attach a voided check

____ Fuel ____ Service ____ Fuel & Service X All Charges

TERMS AND CONDITIONS

This authorization is to remain in effect until Bourne's Energy has received notification of its termination. If the payment is returned for any reason a **\$50 returned 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	12/07/22
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OFFICE USE ONLY	Date Entered:	Entered By:
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