

As part of our commitment to providing you with the best service possible, the Hudson Light and Power Department is pleased to present its Direct Payment option.

With Direct Payment, there is no need to write monthly checks. Your electric bill will automatically be debited from your checking account on the 10th of the month. You will still receive a copy of your bill marked "AUTO PAY PLEASE DO NOT PAY THIS BILL" so that you can monitor your usage and charges.

If you have any questions, please do not hesitate to give us a call at 978-568-8736. We're here to serve you!

Have any questions?

Give us a call at 978-568-8736 or e-mail us at: info@hudsonlight.com

Our fax number is 978-562-1389.

Remember: "We're here to serve you!"

978-562-2368
call our 24-hour emergency dispatch at
If you have an emergency after-hours, please

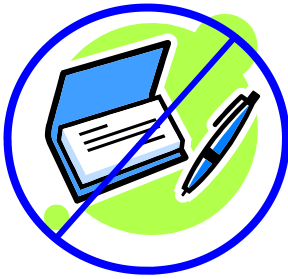
Closed weekends and holidays.

Our Main Office is open:
Mon-Frid 8 am to 4:30 pm



***Hudson Light &
Power Department***

***Automatic Debit
Payments***



Direct Payment Requirements

1. You must be a customer in good standing.
2. Complete the form on the back on this Newsline.
3. Include your account information from your financial institution (see below).
4. Attach a voided check to the application.
5. Drop it off or mail it to: Hudson Light and Power, 49 Forest Avenue, Hudson, MA 01749.
6. Continue to pay your bill until you receive one marked "BANK TRANSFER." At that point, the automatic debit payments will begin.

Authorization Agreement for Pre-Authorized Debits

I (we) hereby authorize the Hudson Light and Power Department to initiate debit entries to my (our) **checking** / **savings** account (select one) indicated at the Bank/Depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY INFORMATION:

Bank Name: _____

City: _____ State: _____ Zip: _____

Bank _____ Bank _____
Routing #: _____ Account # _____

Withdrawal/Due Date: **10th Monthly**

If there should be a deficiency in your account preventing this debit from taking place, you will receive a notice of deficiency from the Hudson Light and Power Department. A deficiency will automatically result in the account being removed from the automatic debit program and will subject the account to the appropriate fees and policies.

This authorization is to remain in full force and effect until the Hudson Light and Power Department has received **written** notification from me (or either of us) of its termination in such time and in such manner as to afford the Hudson Light and Power Department and Depository a reasonable opportunity to act on it. I will also notify the Hudson Light and Power Department of any close or change to my Depository account.

CUSTOMER INFORMATION:

Hudson Light and Power Department Account #: _____

Service Address: _____
(PLEASE PRINT)

Name: _____
(PLEASE PRINT)

Signature: _____ Date: _____

Name: _____
(PLEASE PRINT)

Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK FROM THE DEPOSITORY ACCOUNT.

Jane Doe	Date _____	
Main Street		
Anytown, USA		
Pay to the order of _____	\$ <input type="text"/>	
_____	Dollars	
For _____		
000000000	00000000000	0000

ABA #

Account #

Check #