As part of our commitment to providing you with the best service possible, the Hudson Light and Power Department is pleased to offer 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 12th 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.

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!”
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: __________
Routing #: ____________________________ Account #: ____________________________
Withdrawal/Due Date: 12th 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
Main Street
Anytown, USA

Pay to the order of _______________________________________________________ $ __________
______________________________________________________________ Dollars
For ________________________________________________________________

0000000000 000000000000 0000

ABA #   Account #   Check #