



# South Hadley Electric Light D E P A R T M E N T

## Auto-Pay Program

Dear Valued Customer,

In response to many requests from customers like you, we are happy to introduce a new payment option that will automatically pay your SHELD bill from your checking account each month with no service charge. We call this payment option our Auto-Pay Program.

### *With EFT you can:*

- Save time and money – it's automatic and free
- Avoid any lost or delayed checks in the mail
- Have a safe and secure payment each month
- Always receive your discount (Residential Accounts Only)

### **Signing up is easy:**

1. Complete the enrollment form below, and then sign your name.
2. Get a check from the account you want to use and write "void" on the check.
3. Please staple or paper clip the voided check to the enrollment form.
4. Mail or drop off your application to:

South Hadley Electric Light Department  
85 Main St  
South Hadley, MA 01075-2797

Please allow at least 10 business days for us to process your enrollment form if mailed. If you are billed on or about the 2<sup>nd</sup> of the month, your payment will be deducted from your checking account on the 10<sup>th</sup> of each month; if you are billed on or about the 9<sup>th</sup> of each month, your payment will be deducted from your checking account on the 17<sup>th</sup> of the month.

Tear Here

**Sign me up for the SHELD EFT Program!**

**SHELD ACCOUNT**

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Your account number is printed at the top of your SHELD bill.

*I authorize SHELD and my financial institution to automatically deduct from the checking account as shown on my enclosed check all future payments for my SHELD bills. I understand that both SHELD and my financial institution reserve the right to terminate this authorization and my participation therein. If I choose to terminate this authorization, I will immediately notify SHELD.*

\_\_\_\_\_  
Signature Date  
Signature is mandatory and must match name on voided check.

Please indicate which account type:

SHELD

Fibersonic

Enroll me in e-bills for my electric account

(Please print the following information)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Be sure you staple a voided check to this form.**

