



Auto-Pay Credit Card Application

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 credit card each month with no service charge. We call this payment option our Auto-Pay Credit Card Program.

With the Automated Credit Card Plan 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. Provide all of the credit card information requested below.
3. The 3 digit code requested below is on the back of the card near the signature line.
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 1st of the month, your payment will be deducted from your credit card account on the 10th of each month; if you are billed on or about the 8th of the month, your payment will be deducted from your credit card account on the 17th of the month.

Tear Here

Sign me up for the SHELD Automated Credit Card Program!

Charge Card Type:

Visa Mastercard AMEX Discover

Charge Card #:

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3 Digit Security Code (from reverse of card): _____

Expiration Date of Charge Card: ____/____

Billing Zip Code of Charge Card: _____

I authorize SHELD to automatically deduct from my charge card listed above all future payments for my SHELD bills. I understand that SHELD reserves 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 charge card.

Please indicate which account type this is for:

SHELD Electric Account

Fiberspring Account

LeverettNET Account

ShutesburyNET Account

Enroll me in e-bills for my account

Please print the following information

Name: _____

Address: _____

City: _____

Account #: _____

Phone #: _____

E-Mail: _____

