

COMMONWEALTH UTILITIES, INC.

P.O. Box 520 ♦ 218 N. Main Street
Culpeper, Virginia 22701
540-825-2781

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS or CREDIT CARD CHARGE)

Schedule your payments to be automatically withdrawn from a bank account or charged to your credit card. Just complete and sign this form to get started!

Recurring Payments Will Make Bill Paying Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your bank account or credit card. You will be charged for the total amount due for the invoice with no surcharge. A receipt or zero balance invoice will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided.

Please complete the information below:

I hereby authorize Commonwealth Utilities, hereinafter called Company, to initiate debit entries to my account indicated below at the depository institution or credit card named below, and to debit the same to such account. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of US law.

Customer Name: _____ Acct #: _____

Street Address: _____

Phone: _____ Email: _____

For Direct Debit – Please attach a VOIDed check

Bank/Depository: _____
(please check one) _____ Checking _____ Saving

Routing #: _____

Account#: _____

For Credit Card Charge

Cardholder Name: _____

Card # _____ Exp Date: _____ Security Code: _____

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This authorization is to remain in full force and effective until Company has received written notification from me of its termination in such time and manner as to afford Company and Depository a reasonable opportunity to act on it. Anyone whose signature is required to withdraw funds from this account or credit card owner must sign below.

All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified

1. Withdrawals will be made on date payment is due. (*The 5th day of the month*)
2. If payment is due on a weekend or holiday, Company will initiate a debit entry on the next business day.
3. There will be a \$35.00 charge for insufficient funds.

Name (*Print as appears on bill*): _____

Signature: _____ Date: _____

Signature: _____ Date: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this bank account or credit card and that I will not dispute the scheduled payments with my bank or credit card company provided the transactions correspond to the terms indicated in this authorization form. All information will remain confidential.

Please print out and complete this authorization and return to us.