

CHICOPEE ELECTRIC LIGHT ("CEL")
Agreement for Pre-authorized Payments
(ACH Debits)

Customer Name _____
(Name must be the same as that which is reflected on billing statement)

Address to which electricity is supplied _____

Billing Address (if different from above) _____

Customer's Daytime Phone Number _____

CEL Account Number _____

I/We hereby authorize **Chicopee Electric Light**, with its principal place of business at 725 Front Street, Chicopee, Massachusetts, to initiate monthly debit entries from my/our account specified below.

*** PLEASE NOTE:**
A VOIDED CHECK IS NEEDED TO
COMPLETE REQUEST.

Checking Account # _____

Transit/ABA # _____

Savings Account # _____

Transit/ABA # _____

I/We additionally authorize the Depository named below to debit such account and pay the same to Chicopee Electric Light.

Name of Bank _____

Address _____

City _____ State _____ Zip _____

Withdrawals will be only on your **DUE DATE**.

In the event that customer(s) account lacks sufficient funds to effectuate the debit, customer's CEL account shall be accessed a charge of \$25.00. Additionally, if customer receives a credit on its monthly billing statement for a payment which is later returned, CEL will reverse such credit on customer's account.

This authorization is to remain in full force and effect until Customer notifies CEL, no less than thirty(30) days prior to the next ACH debit, of its desire to terminate this agreement.

Name _____
(please print)

Signature _____ Date _____

Name _____
(please print)

Signature _____ Date _____