

Town of Danvers – DPW Business Division
Direct Debit Billing Form
(For Residential & Commercial Customers)

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

Address of service: _____

Customer's Daytime Telephone #: (_____) _____ - _____ Home/Business (Circle One)

E-mail: _____

Electric Account #: _____

Water/Sewer Account #: _____

I/We hereby authorize **Danvers Utilities**, with its principal place of business at 2 Burroughs St., Danvers, Massachusetts, to initiate debit entries, **on or around the 10th day of each month**, equal to the Discounted Amount as noted on my/our utility bill(s). These charges to be automatically debited each month against the checking account specified below.

Checking Account #: _____ Bank/Branch #: _____

Please include a voided check with this form. Do NOT include this form with your utility bill.

In the event that customer(s) account lacks sufficient funds to effectuate the debit, Danvers Utilities reserves the right to assess that customer's account, a charge of \$25.00 or 1% of the debit amount, whichever is greater, in accordance with the provisions of Massachusetts General Laws Chapter 60, section 57A. Failure to notify Danvers Utilities of changes in your bank account that result in non-collection of utility balance will be subject to said charge. Additionally, if customer receives a credit on the monthly billing statement for a payment which is later returned, Danvers Utilities will reverse such credit on customer's account.

This authorization is to remain in full force and effect until Customer notifies Danvers Utilities in writing no less than thirty (30) days prior to the next debit of notice of its desire to terminate this authorization. I/we also understand that both the Danvers Utilities and my/our financial institution reserve the right to terminate this authorization and my/our participation therein.

Name: _____
(Please print clearly)

Signature: _____ **Date:** _____

Name: _____
(Please print clearly)

Signature: _____ **Date:** _____

Please mail this form and a voided check to:

Town of Danvers – DPW Business Div.
Pre-Authorized Payments
2 Burroughs St.
Danvers, MA. 01923