

**AUTOMATIC PAYMENT ENROLLMENT FORM**



<b>Customer Name</b>	
Customer Account Number _____	Daytime Phone _____
Billing Address (for Credit Card/Debit Card OR bank account) _____	
<b>I authorize Bourne's Energy to automatically debit my account for the following</b>	
<b>SELECT ONLY 1 PAYMENT OPTION</b>	
<b>Option 1: MONTHLY PAYMENT – EFT or Credit/Debit Card</b>	
<b>What would you like to pay?</b>	
<input type="checkbox"/> Smart Pay Plan (Budget only) <input type="checkbox"/> Fuel <input type="checkbox"/> Service <input type="checkbox"/> All Charges	
Select Your Monthly Payment Date: <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	
<b>METHOD OF PAYMENT (SELECT ONLY 1, card or EFT)</b>	
<b>Credit/Debit Card</b> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Card Number _____ Expiration Date ____/____/____	<b>Electronic Fund Transfer (EFT)</b> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Business _____    Personal _____ Bank Name _____ Account Number _____ Please attach a voided check
<b>Option 2: PAY BY INVOICE AS BILLED</b>	
<b>Pay by Invoice (Select only 1)</b> <b>Credit/Debit Card</b> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Card Number _____ Expiration Date ____/____/____  <input type="checkbox"/> Fuel <input type="checkbox"/> Service <input type="checkbox"/> Fuel & Service <input type="checkbox"/> All Charges	<b>Electronic #</b> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Business _____    Personal _____ Bank Name _____ Account Number _____ Please attach a voided check
<b>TERMS AND CONDITIONS</b>	
This authorization is to remain in effect until Bourne's Energy has receives notification of its termination. If the payment is returned for any reason a <b>\$50 returned fee</b> will be applied to your account. This authorization will remain in effect year after year until the undersigned requests termination of withdrawal.	
Signature _____	Date _____
OFFICE USE ONLY    Date Entered: _____	Entered By: _____