

Cycle _____

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Marblehead Municipal Light Department, hereinafter called COMPANY, to initiate debit entries in amounts shown on my (our) statement to my (our) account indicated below at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Account: _____ Checking _____ Savings

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Customer Name)

(Print Light Account Number)

(Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK OR SAVINGS DEPOSIT SLIP TO THIS FORM!