



## Automatic Debit Authorization Form

I authorize (insert name of bank, savings and loan, or credit union)

\_\_\_\_\_ to charge my account the amount of my monthly

Electric Bills                      Broadband Bills                      Electric and Broadband Bills  
payable to Braintree Electric Light Department.

Select one:              Checking                      Savings

Name as shown on your account:

Mailing address:

City:

State:

Zip Code:

Daytime telephone number:

BELD electric account number:

BELD broadband account number:

Authorization signature:

Date:

Please complete this authorization form, print it out, sign and date it, attach a voided check, and mail it to the following address:

*Braintree Electric Light Department  
Attention: Customer Service  
150 Potter Road  
Braintree, MA 02184*