

# Please SIGN ME UP for CV's *Electripay*:

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CHECK ONE:**     **Direct Debit from CHECKING ACCOUNT**

**Direct Debit from SAVINGS ACCOUNT**

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

(Contact your bank for correct number)

**CVPS Account Number(s) (Shaded portion on your bill):**

(1) \_ \_ - \_ \_ \_ \_ \_      (2)\*\* \_ \_ - \_ \_ \_ \_ \_      (3)\*\* \_ \_ - \_ \_ \_ \_ \_

If you have more than three accounts, please attach a separate page with a list of all your account numbers.

\*\*For customers with multiple accounts, each billing amount will be deducted separately from your checking or savings account. For example, if you have five accounts, you will see five separate transactions on your next bank statement.

I authorize and instruct my financial institution to deduct the amount of my monthly Central Vermont Public Service (CVPS) electric bill from my checking or savings account and remit directly to CVPS. CVPS will notify my financial institution of the amount to be deducted. I understand that at any time I decide to discontinue *Electripay*, I must notify CVPS. I understand and agree that CVPS is not liable in any way for erroneous bill statements or incorrect debits to my accounts and that should an error in the bill statement occur, CVPS's only responsibility is to correct it when and if CVPS receives notice from me of the error. I understand that my financial institution and CVPS reserve the right to terminate this payment option and/or my participation. A customer's participation is subject to CVPS's approval.

Authorized Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Return to: CVPS *Electripay*, Attn: Treasury Dept., P.O. Box 608, Rutland, VT 05702-0608**



Central Vermont Public Service

www.cvps.com