

Massena Electric Department – Direct Debit Plan – Enrollment Form

Massena Electric Department (MED) is pleased to offer a new service- The Direct Debit Payment Plan. Now you can have your payment deducted automatically from your checking account.

Please complete the following information and return this form to: Massena Electric  
**Please include a blank VOIDED check.** PO Box 209  
Massena, NY 13662  
attn: direct debit

(Please print all information)

Name as it appears on your Massena Electric bill: \_\_\_\_\_

Massena Electric service address(es): _____	List MED account numbers to be on automatic debit: _____
_____	_____
_____	_____

Your mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

I authorize Massena Electric to begin electronic deductions from my checking account for payment of my regular Massena Electric bills. I will notify Massena Electric immediately if I change banks or checking accounts or if I want to cancel this service.

Signature of Bank Account holder: \_\_\_\_\_ Date: \_\_\_\_\_

-----

Keep this portion for your records – Date submitted to Massena Electric \_\_\_\_\_.

Please watch your bill **“DO NOT PAY - Direct Debit on mm/dd/yy”** will appear on your bill when the program starts.