



SYNERGY
UTILITY BILLING

Synergy Utility Billing LLC Direct Debit Sign Up Form

Please complete this form in its entirety. An incomplete form will result in delay of processing.

Customer Information

Account Name (as shown on your bill) _____

Synergy Utility Billing Account # _____

Service Address _____

City / State / Zip Code _____

Telephone _____

Email _____

Banking Information

Financial Institution (bank) _____

ABA/Routing # _____

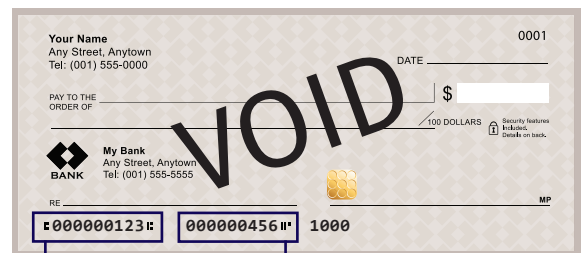
Bank Account # _____

This account is a: **Checking Account** **Savings Account**

I authorize Synergy Utility Billing LLC to instruct my bank/savings institution to make payments from the account listed above. I understand this authorization may be revoked by me at any time by providing Synergy Utility Billing LLC with a written notice to discontinue my automatic payments. I understand that any notice of cancellation must be received by Synergy Utility Billing LLC at least 2 weeks prior to my next billing.

Signature _____ **Date** _____

Example of Voided Check:



ABA/Routing #

Checking Account #

Mail this form along with a VOIDED check or a VOIDED statement saving account deposit slip to:

Synergy Utility Billing LLC
PO Box 1476
Lakewood, NJ 08701