



The TOWN OF NORWOOD
MUNICIPAL LIGHT DEPARTMENT
BILLING DIVISION
781-948-1200

CREDIT CARD AUTHORIZATION
Electric/Water-Sewer
*** Fields are required**

I authorize the Town of Norwood Municipal Light Department to debit the following account(s) each month for the amount due for electric and/or water-sewer services which I receive from the Town of Norwood.

By providing this information I acknowledge that I will be charged a 3% transaction fee for each payment processed.

Please note that recurring credit card/debit card payments are not available for broadband accounts.

Please provide account numbers for each service you would like to establish auto payments for.

Electric Account #: _____

Water/Sewer Account #: _____

Account Owner Name*: _____

Address*: _____, Norwood, MA 02062

Email Address*: _____ Phone #: _____

Name on Card*: _____ Visa MC Discover AMEX

Card Number*: _____ Exp. Date*: _____

Billing Zip Code for Card*: _____ CID or CVV Number*: _____ (three digit code)

Signature*: _____ Date: _____

*Required fields

Return your completed form to:

Businessoffice@norwoodlight.com (email) ~ 781-769-0660 (fax) ~ 136 Access Road

CREDIT CARD