



32 South Main Street
Middleboro, MA 02346

Phone: (508) 947-1371 Fax: (508) 946-3700 To return via e-mail: csr@mged.com

Residential Customer Registration Form

Date: _____

Applicant Name: _____ DOB: _____

*Co-Applicant Name: _____ DOB: _____

If applicant/s is 65 years of age or older, a discounted rate may be available. Please ask us how to apply for our Senior Rate.

Applicant Phone #: _____ Social Security #: _____

Co-Applicant Phone #: _____ Social Security #: _____

Service Address: _____

Premises for Electric and/or Gas Service is: Owned Rented - Landlord's Name: _____

Billing Address (if different): _____

E-mail Address (optional): _____

Effective Date: _____ If purchasing: Closing Date: _____

*Applicant accepts responsibility for all usage consumed at the service address beginning on the Effective Date above. In some cases, this may be 3-10 business days prior to the Closing Date.

A CLEAR COPY OF THE APPLICANT/S DRIVER'S LICENSE FOR EACH APPLICANT MUST ACCOMPANY THIS FORM.

The applicant/s whose signature/s appears below, further agrees to be responsible for the utilities consumed at the service address listed above until a request to terminate service has been received, in writing, at the office of the Middleboro Gas & Electric Department. **The applicant/s also agrees to abide by all MGED Terms and Conditions which are currently in effect and subject to change. Copies of the Terms and Conditions are posted on our website: www.mged.com.**

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

To Be Completed By Office:

Account #: _____ Customer #: _____ Date Deposit Paid: _____
(if applicable)

**WOULD YOU LIKE TO SAVE MONEY OFF YOUR BILL EVERY MONTH?
ENROLL IN AUTOPAY AND YOU'LL AUTOMATICALLY RECEIVE A PROMPT PAYMENT
DISCOUNT!**

AUTOPAY ENROLLMENT AUTHORIZATION FORM

Name: _____

Service Address: _____

Please check one: Credit Card Checking/Savings Account

CREDIT CARD INFORMATION

Name on Card: _____

Card Account # _____ Card Exp. Date _____

BANK ACCOUNT INFORMATION

Name on account (if different) _____

Bank Name _____

Bank Routing # _____ Personal? _____ OR Commercial? _____

Bank Account # _____ Checking? _____ OR Savings? _____

I understand that I authorize Middleboro Gas & Electric Department (via on-line payment vendor Invoice Cloud) to process payments to my account using the information provided above. If at any time I wish to discontinue this service, I may simply notify the company in writing.

Signature: _____ Date: _____

PAPERLESS BILLING Yes _____ No _____

Email address: _____