

**VILLAGE OF JOHNSON WATER & LIGHT DEPARTMENT**

**PO Box 603**

**Johnson, Vermont 05656**

**Phone: (802) 635-2611**

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**Credit Reference for Utility Service**

Name of Applicant: \_\_\_\_\_

Service Location: \_\_\_\_\_

*I authorize my financial institution to disclose information regarding my current checking account.*

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Bank Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Date opened: \_\_\_\_\_

Has this account been overdrawn within the past 12 month? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, number of times it was overdrawn? \_\_\_\_\_

Has this account been handled in a satisfactory manner? No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_  
Bank Representative signature & position

\_\_\_\_\_  
Date