

**Form J-5**

(Name of Company)

**Counterbilling Authority**

NO. \_\_\_\_\_

NO. \_\_\_\_\_

DATE: \_\_\_\_\_

(PREPRINTED ADDRESS)

DATE: \_\_\_\_\_

FILE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

THIS WILL AUTHORIZE \_\_\_\_\_

TO COUNTERBILL (*Name of Company, Preprinted*)

ISSUED TO: \_\_\_\_\_

\$ \_\_\_\_\_

DOLLARS

\_\_\_\_\_

TO ADJUST OVERCHARGE IN BILL NO. \_\_\_\_\_,  
UNDERCHARGE

ACCOUNT OF: \_\_\_\_\_

\_\_\_\_\_, ISSUED IN THE AMOUNT OF \$ \_\_\_\_\_  
(Dated)

**(State Details Here)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THIS AUTHORITY MUST BE  
ATTACHED TO BILL \_\_\_\_\_

(TITLE)