



Print Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Agreement for Auto Payment on Water & Sewer Account

| Auto Pay by Credit Card       |                                |
|-------------------------------|--------------------------------|
| NAME:                         | _____                          |
|                               | (as it appears on credit card) |
|                               | _____                          |
|                               | _____                          |
|                               | _____                          |
| CARD:                         | _____/_____/_____/_____        |
| EXPIRATION DATE:              | _____/_____ 3 DIGIT            |
| SECURITY CODE:                | _____                          |
| Billing Address for the card: | _____                          |
|                               | _____                          |

I, the undersigned, authorize Alaska Rural Utility Collaborative to charge my credit card indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Auto Pay Terms and Conditions

As an enrollee in this auto pay program, I understand that:

1. My credit card will be processed by the 10th of the month after the monthly bill has been charged.
2. If my Automatic Payment has declined twice in a 12 month period, The Alaska Rural Utility Collaborative will terminate my Auto Pay service and set my account up for Direct Billing to Customer.
3. If my Automatic Payment information changes for any reason, including expiration dates, I will notify Alaska Rural Utility Collaborative of the new account information. If I fail to provide this information prior to the due date and ARUC is unable to process my payment, I will be responsible for an alternative payment arrangement and any late fees which may result.
4. The Alaska Rural Utility Collaborative is authorized to collect all funds due prior to the effective date of shut off. I will notify the ARUC in writing if I wish to terminate this agreement.

I agree to the Automatic Payment terms and conditions listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX COMPLETED FORM TO 907-729-4024**

Questions or concerns? Call 1-866-205-7581