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)

Visa / Master Card / Discover

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