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## Credit Card Information

Please Pay My Bill with this card:

Credit Card Number

Expiration Date

Card Security Code

Name as it appears on the card

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I hereby authorize Alaska Village Electric Cooperative to process my utility payment(s) based on the options I have selected. I will notify Alaska Village Electric Cooperative if my account information changes or if I decide at any time to discontinue this service. Written notification to discontinue Auto Pay enrollment requires 30 days to process. I understand that AVEC reserves the right to limit participation in Auto Pay to consumer whose accounts are in good standing.

Signature:

Date:

Mail or bring completed form to AVEC, Attn: Member Services, 4831 Eagle Street, Anchorage, AK 99503. You may also FAX your completed enrollment form to 1-800-478-2389.

*For AVEC Office Use Only*

Billing System Updated By:

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