

Alaska Village Electric Cooperative, INC

Automatic Bill Payment Registration Form

Once enrolled you will continue to receive a monthly bill showing your kilowatt usage and the amount due. You get to pick your payment date. If the date you select occurs on a non-business day, your card will be charged on the next business day. FORMS ARE NOT KEPT ON FILE - ANY CHANGES REQUIRE A NEW FORM.

The credit card provided will be charged for the full balance due on the date processed.

If the payment is rejected for any reason the member is still responsible for timely payment of all charges billed, including late fees. You will be removed from AUTO pay if your payment is rejected without resolution.

Enrollment in AVEC's Auto Pay will be processed and begin on the billing cycle following receipt of the completed enrollment form. Once enrolled, the member is responsible for on-time payment whether or not the member receives the monthly bill sent by the Cooperative or if their AUTO PAYMENT fails to process.

If you have any questions about this enrollment form or the Auto Pay options, please call 1-800-478-1818.

Member Information:

CHECK YOUR BALANCE ONLINE ANYTIME

First Name _____ Last Name _____

Address _____
(mailing address for the credit cards)

City _____ State _____ Zip Code _____

E-mail _____ Phone Number _____

Account Number to enroll (with sub)

List Additional Accounts to enroll more than one:

_____ - _____

Credit Card to Bill:

Please select your payment date: _____

Name on Card: _____

Credit Card Number: _____ Expiration Date: _____

Security Code: _____

I hereby authorize Alaska Village Electric Cooperative (AVEC) to process my utility payment(s) based on the options I have selected. I agree to notify AVEC 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.

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.

AVEC USE - Processed By/Date: _____