



Alaska Power & Telephone Company
 P.O. Box 3222 - Port Townsend, WA 98368. Phone (360) 385-1733
Automatic Payment Authorization Form



Alaska Power & Telephone is now offering an automatic payment option. With this option, your power or telephone payment will automatically be withdrawn from your checking account, or your credit card account on a monthly basis.

Please note that this automatic payment option will not take effect until your next billing cycle after the receipt of this form by Alaska Power & Telephone. Please pay any current amounts due to avoid penalties.

● After filling out your personal information, please choose:

Option 1 - to have the payment automatically withdrawn from your checking account.*

Option 2 - to have your payment automatically charged to your credit card.*

**Note - you may only choose one option.*

check one

I have never been on *AutoPay*.

I have been on *AutoPay* before

I am updating my *AutoPay* information

● Once you have completed and signed this form, please return to the address above.

Please Print

Personal Information:	Home Phone () _____
Name _____	Work Phone () _____
Email Address _____	Cell Phone () _____
Power or Telephone Account Number(s) _____	
Mailing Address _____	
City _____	State _____ Zip Code _____

Option 1 - Charge my Checking Account**

Your Checking Account Bank Information:	
Bank Name _____	Bank Branch _____
Bank Address: City _____	State _____
ABA Routing Number (9 digits preceding account number) _____	
Checking Account Number _____	
** A voided check must be attached to initiate this option.	

Option 2 - Charge my Credit Card

Your Credit Card Information:	
Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card Number _____ - _____ - _____	Expiration Date _____ month - _____ year
Name on Card _____	
Credit Card Billing Address (where you receive your credit card statements-if different from above):	
Street or P.O. Box # _____	
City _____	State _____ Zip Code _____

Alaska Power & Telephone Company will now be referred to as the Company.

I, the undersigned, authorize the Company to charge my checking account or credit card specified above, the total amount due on my statement issued by the Company. I understand that my checking account or credit card will be charged no less than 15 days after the statement is printed.

I agree that funds will be available from the source I have specified above, and I understand that failure to meet these terms may result in cancellation of this contract by the Company.

I understand that if funds are not available and if the charge is rejected by my bank or credit card company, I may be subject to an NSF fee from the Company.

I understand that I may terminate this agreement by giving written notice to the Company. I may do this at any time in writing, but must allow a reasonable amount of time after receipt for the Company to act upon it.

Customer Signature _____

Date _____