



Rep Initials \_\_\_\_\_ Date \_\_\_\_\_

### CHUGACH ELECTRIC ASSOCIATION, INC.

### AUTOMATIC PAYMENT BY CHECKING ACCOUNT

This agreement between the Member and Chugach Electric Association, Inc. authorizes Chugach to collect payments for electric bills by charging the Member's checking account. Please check with your bank for their procedure if you wish to use your savings account.

CUSTOMER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HM. PHONE: \_\_\_\_\_ WK. PHONE: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ CHUGACH ACCT NO.: \_\_\_\_\_  
(Please list additional accounts on a separate sheet and attach.)

NAME _____ as it appears on checking account  BANK NAME: _____ <b>PLEASE PROVIDE A VOIDED CHECK</b> (it provides bank routing information)
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As an enrollee in this program, I understand that:

1. I will receive a bill each month even though I am on the automatic checking account payment plan. It will tell me the amount of my electric bill that will be charged to my checking account.
2. If I enroll close to the date my payment is due, I will need to send that month's payment. The next month's payment will be automatically charged to my account.
3. The payment will be charged to my checking account within three working days of the due date on the electric bill. If Chugach fails to do this, any late charge which results will be removed.
4. If my checking account is declined for whatever reason, Chugach will attempt to contact me for an alternate payment arrangement. My account will be subject to normal credit procedures and NSF charges. If my payment is declined twice within a 12 month period, Chugach may cancel my participation in this program.
5. If my checking account number changes, I will notify Chugach of the new account number. If I fail to provide this information prior to the due date and Chugach is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fee that results.
6. I will notify Chugach at (907) 563-7366 if I wish to cancel this agreement.
7. Chugach may cancel this agreement at any time with 30 days written notice.

By signing this authorization, the Member acknowledges that he/she has read and agree(s) to all of the above.

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**For more information, call Chugach Electric Association, Inc. at (907)563-7366**

**Please mail this form to Chugach Electric Association, Inc., PO Box 196300, Anchorage, AK 99519-6300**