

MEMBER INFORMATION

Note: If you have more than one member account number, please complete a separate request for each account.

Member Name: _____ Member Account No. _____
(as shown on current bill)

Company Name: _____ Phone Number: _____
(if applicable) Day _____ Evening _____

How do you want your Summary Bill organized?

- I want one summary bill listing all my sub-accounts in one group, as listed below.
- I want separate summary bills listing my sub-accounts in different groups, as listed below.

Note: If you would like to set up more than two groups, please attach an additional Summary Billing Request form.

GROUP 1	Name _____ (if different from above)	Group Identifier	<table border="1" style="width: 100%; height: 15px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> (If you like, select up to 15 alpha characters.)																				
	Mailing Address _____																						
	City _____ State _____ Zip _____																						
	<u>Sub-Account No.</u>	<u>Service Address</u>																					
_____	_____																						

GROUP 2	Name _____ (if different from above)	Group Identifier	<table border="1" style="width: 100%; height: 15px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> (If you like, select up to 15 alpha characters.)																				
	Mailing Address _____																						
	City _____ State _____ Zip _____																						
	<u>Sub-Account No.</u>	<u>Service Address</u>																					
_____	_____																						

PAYMENT OPTIONS

AutoPay – Bank Draft
Deduct my Chugach bill from the following account.
Financial Institution: _____
Account No. : _____
Please attach a voided check or deposit slip.

LevelPay *
I want to pay the same amount every month based on my average annual use. Please call me with my amount.
* Some restrictions apply.

NetPay
I want to receive and pay my Chugach bill over the Internet.
E-mail Address: _____
Please set up personal identification number:
PIN #: _____ (Choose 4 digits – no letters.)

FlexPay
___ I want to keep my current billing period and due date.
___ I want to change my due date and billing period.
Choose a date from 1 to 28.
I prefer the monthly due date: _____
If you do not make a selection, we will keep your current due date for your convenience.

PrePay
I want to prepay my estimated bill for one year and save \$25. Please call me with my prepayment amount.

I authorize Chugach Electric Association, Inc. and the financial institution listed above to charge my account shown for payment of my monthly electric bill. I understand there are additional guidelines that may apply to the options I have selected.

Signature _____ Date _____