

AUTOMATIC PAYMENT BY BANK ACCOUNT

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

Member Name _____ Email _____

Mailing Address _____ State _____ Zip _____

Primary Phone _____ Alternate Phone _____

Chugach Member Number _____ Account Number (8 Digits – List Additional Accounts on Back) _____ Service Address (List Additional Addresses on Back) _____
(10 Digits)

Name of Bank _____

Name of Account Holder _____

Routing Number _____

Bank Account Number _____

Your Name		Date _____ 20__ 1111	
Your Address			
Your City, State, Zip			
Pay to the order of _____		\$	<input type="text"/>
		Dollars	<input type="text"/>
For _____			
⑆123456789⑆		000123456⑆	1111
Routing Number		Account Number	

As an enrollee in this program, I understand that:

1. **I will remit payment for my current bill. Automatic payments will begin with the first billing following enrollment and future bills will be automatically charged.** I will still receive a monthly bill showing the amount to be charged to my bank account. My account will be charged one to three business days prior to the due date on the bill.
2. If my bank account is declined for whatever reason, Chugach will attempt to contact me for an alternate payment arrangement and my account will be subject to normal credit procedures and returned payment fees. If my payment is declined twice within a 12 month period, Chugach may cancel my participation in this program.
3. If my bank account number changes, I will promptly notify Chugach of the new account number. If Chugach is not notified and is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fees that result. I will contact Chugach at (907) 563-7366 if I no longer wish to participate in this program. Chugach may cancel this agreement at any time with 30 days written notice.

By signing this authorization, the Member/Account Holder acknowledges that he/she has read and agrees to all of the above.

Member Signature _____ Date _____

Account Holder Signature (If Different) _____ Date _____

Please return your completed enrollment form to Chugach Electric Association, Inc., P.O. Box 196300, Anchorage, AK 99519-6300 or fax to (907) 762-4678. **Please include an image of your voided check.**