



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 / MAILING ADDRESS:

EMAIL: _____

SOCIAL SECURITY NO. (last 4 digits): _____

PRIMARY PHONE: _____

ALT PHONE: _____

CHUGACH MEMBER #: _____ ACCT #: _____ (list additional accounts on back)

SERVICE ADDRESS: _____ (list additional addresses on back)

Your Name _____
 Your Address _____
 Your City, State, Zip _____ Date _____ 20__ 1111

Pay to the order of _____ \$
 _____ Dollars

For _____

! 123456789 ! 000123456 !* 1111

Routing Number
Account Number

NAME OF BANK _____ NAME OF ACCOUNT HOLDER _____

ROUTING NUMBER _____ BANK ACCOUNT NUMBER _____

As an enrollee in this program, I understand that:

1. I will remit payment for any current bills. 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.
NOTE: If you have already received a current billing, your auto payment will not take effect until your next billing. Please pay your current billing as you normally would.
2. If my bank 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 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 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 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: _____ DATE: _____

Please mail this form to Chugach Electric Association, Inc. at PO Box 196300, Anchorage, AK 99519-6300
 Or fax to 907-762-4678. **Please include an image of your voided check.**