

## CITY OF ADAK, ALASKA AUTOMATIC PAYMENT BY CREDIT/DEBIT CARD

· _	Initial Enrollment			Change/Update		
The City of Adak is pleased to automatically withdrawn from y fees. The City accepts the fee	your credit or debit card	d each billing cycle. A	lutoPay makes bill payi			
Here's how AutoPay works: the 15 <sup>th</sup> of each monthly bill envelopes are needed. You any concerns before the bill you may receive from your of	ling cycle, the amou will still receive your is paid from your care	int owed will be auto utility bill by mail or d account. A record	omatically charged to email, giving you the of your AutoPay payr	your card accou opportunity to insp nent will be noted	int. No stamps, checks, or pect all charges and report on any regular statements	
This agreement between th Customer's credit/debit card		e City of Adak autho	rizes the City to colle	ect payments for	utility bills by charging the	
Customer Name:						
Mailing Address:						
<b>Customer Acct No:</b>						
Phone Number:			Addn'l Phone N	lumber:		
Email Address:			•			
Name: (as it appears on credit card)						
Billing Address:						
Card No.:		1 _ [			_	
Expiration Date:			CVV2 Co	ode:		
As an enrollee in this progra	ım. I understand that	t:				
I will receive a bill each month even though I am enrolled in the automatic card payment program. It will tell me the amount of						
my utility bill that will be charged to the above card account.  2. If I enroll after my bill has been generated, I will need to make payment arrangements for that month's payment. The next month's						
payment will be automatically charged to my above card account.  3. The payment will be charged to the above card account on or around the 15 <sup>th</sup> day of each month.						
4. If the above card account is declined for any reason, the City will attempt to contact me for alternate payment arrangements. My account will be subject to normal credit procedures and a non-sufficient funds charge of \$25 may be assessed. If my payment is						
declined twice within a 12-month period, the City may cancel my participation in this program.						
<ul> <li>No more than one credit/debit card will be billed per invoice.</li> <li>If any of the above card information changes, I will notify and update the City with the new information immediately. The expiration date and CVV2 code are necessary to process my payment. If I fail to provide this information prior to the payment</li> </ul>						
date and the City is una	able to process my p				nation prior to the payment angement and any late fee	
or non-sufficient funds charge that results.  7. I will notify the City at (907) 592-4500 or by email at <a href="mailto:accounting@adak-ak.gov">accounting@adak-ak.gov</a> if I wish to cancel this agreement. Notice must be						
provided to the City no 8. The City may cancel th						
By signing this authorization	ı, the Customer ackn	nowledges and agree	es to the above condi	itions of the progra	am.	
CARDHOLDER'S SIGNATURE:				DATE:		
PRINTED NAME:						