



INN Electric Cooperative, Inc. (INNEC) is pleased to be able to provide its Members the convenience of automatic bankcard deduction for their monthly billing payments. To have your monthly payment charged to your VISA or MasterCard each month, please complete the following agreement and return it to INNEC. Once enrolled, your next statement will indicate that you do not need to send payment. If this message does not appear on your bill, please contact us at (907) 246-4325 or toll free in Alaska at (800) 571-1259 to inquire into the status of your application.

AUTO PAY TERMS AND CONDITIONS

As an enrollee in this program, I understand that:

1. I will receive a bill monthly, even though I am enrolled in the auto pay program. This bill will advise me of the amount to be charged to my credit card between the 5th and 10th of the billing month.
2. If the charges to my credit card are declined for any reason, INNEC will make an attempt to contact me for an alternate payment arrangement. If I cannot be contacted, or fail to make alternate payment arrangements, my account will be subject to normal credit procedures for non-payment. If charges to my credit card are declined twice within a twelve-month period, INNEC has the right to terminate this auto pay agreement.
3. I am responsible for notifying INNEC if I wish to cancel this agreement.
4. If my credit card number changes for any reason, including lost or stolen credit cards, I will notify INNEC of the new account information. If I fail to provide this information prior to the 5th of the billing month and INNEC is unable to process my payment, I will be responsible for an alternate payment arrangement and any late charges that may result.
5. INNEC may cancel or update this agreement at any time, upon 30 days written notice.

INNEC ACCOUNT Name: _____ ACCOUNT #: _____

Service Address(es)/Descriptions: _____

NAME ON CARD: _____

Billing Address: _____

Credit Card Type (Circle One): VISA MASTERCARD

Credit Card Number: _____

Expiration Date: _____

I the undersigned, authorize INN Electric Cooperative, Inc. to charge my INNEC billing to the credit card indicated above. I have read and understand the above information and I agree to the above auto terms and conditions.

Signature: _____

Date: _____

Phone#: _____