

Recurring Credit Card Enrollment Form

Please print, complete form, and return signed form (with original signature) to Alpena Power Company. For your convenience, this enrollment form is also printed on the back of your monthly Alpena Power Company statement.

I authorize Alpena Power Company to charge or deduct my payment(s) for the account number listed below to the credit card company identified below. I understand that I control my payments and if at any time I decide to discontinue this payment service I will notify APC at least five (5) days before the payment is due.

Name (as shown on your bill): _____

Service Address _____ City/State/Zip _____

Mailing Address _____ City/State/Zip _____

Day Phone:(____) _____

Name of Credit Card Company: _____

Credit Card Account Number: _____ Expiration Date ____ / ____

Deduct my payment monthly from my credit card on a regular basis.

Only deduct my payment for the date of _____ from my credit card.

Signature: _____

This form cannot be processed without your signature.

Questions about this process may be directed to:

solutions@alpenapower.com or

call 989-358-4931 Monday through Friday from 9:00 am to 4:00 pm or

write Alpena Power Company, P.O. Box 188, 401 N. 9th Ave Alpena, MI 49707