

Direct Payment 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 financial institution 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 (if different): _____

City: _____ State: _____ Zip: _____

Day Phone:(____) _____

Signature: _____

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

Name of Financial Institution: _____

ABA/Routing Number: _____ - _____ - _____
(9 digits on bottom of check)

Checking Account Number: _____

Or Savings Account Number: _____

_____ Only check if you want a copy of this form.

**MAIL TO: ALPENA POWER COMPANY
P.O. BOX 188
ALPENA, MI 49707-0188**

To insure the correct account number is used for this electronic payment and to obtain the ABA/Routing Number, please contact your financial institution.