

**DIRECT BILL PAYMENT ENROLLMENT FORM**  
**(Automatic Payment – ACH)**

Print, complete, sign and return this 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. Or if you prefer, you can sign up online at [www.alpenapower.com](http://www.alpenapower.com), click on “my account”, register and set up your bank information.

I authorize Alpena Power Company to withdraw my **monthly** payment(s) for the account number listed, to the financial institution designated. 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 (shown on bill): \_\_\_\_\_

Account Number: \_\_\_\_\_

Service address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_

THIS FORM WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE

Name of financial institution: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_  
(9 digits on bottom of check)

Your bank account number: \_\_\_\_\_

Circle one:                      Checking                      Savings

Mail to: ALPENA POWER COMPANY  
PO Box 188  
ALPENA, MI 49707

To insure the correct account and routing numbers are used, please contact your financial institution.