

AUTOMATIC PAYMENT ENROLLMENT FORM (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 by [clicking here](#) and then register and set up your banking 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): _____

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.