

MONTHLY CREDIT CARD ENROLLMENT FORM

Please print and return this completed and signed form 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 **monthly** payment(s) for the account number listed below to the credit card company 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 (as shown on your bill): _____

Account # shown on bill: _____

Service Address: _____

City, state and zip _____

Mailing Address: _____

City, state and zip _____

Phone: _____

Credit card type (circle one): VISA M/C Discover

Credit card number: _____ - _____ - _____ - _____

Expiration date: ____/____ CVC#: _____ (3-digit code on back of card)

Signature: _____

Cannot be processed without your signature.

Questions about this process may be directed to: solutions@alpenapower.com or by calling (989) 358-4900 Monday through Friday from 9:00 a.m. to 4:00 p.m. or by writing to Alpena Power Company, PO Box 188, 401 N 9th Avenue, Alpena, MI 49707.