

**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](mailto: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.