

# Chignik Lagoon Utility Department

Chignik Lagoon Village Council  
Utility Department  
P.O. Box 31  
Chignik Lagoon, AK 99565  
Utility Dept.:(907)840-2304  
Main Office:(907)840-2281

## AUTOMATIC PAYMENTS

<b>Auto Pay by Credit Card</b>	
Name: _____	_____
(as it appears on credit card)	
VISA / MASTERCARD / DISCOVER	
Card: _____	_____
Expiration Date: ____ / ____	_____
3 Digit Security Code: ____	_____
Billing Address: _____	_____
	_____

Which account(s) would you like automatic payments applied to? (circle all that apply)      FUEL / WATER / ELECTRIC

I, the undersigned, authorize Chignik Lagoon Village Council to charge my credit card indicated above.

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

As an enrollee in this auto pay program, I understand that:

1. My credit card will be processed 1-2 days after the bill is rendered.
2. Credit card payments are charged a 3.5% fee.
3. If my Auto-pay has declined twice in a 12-month period, the Chignik Lagoon Village Council will terminate my Auto-pay service and set my account up for Direct Billing to Customer.
4. If my Auto-pay information changes for any reason, including expiration dates, I will notify the Chignik Lagoon Village Council of the new account information. If I fail to provide this information prior to the due date and CLVC is unable to process my payment, I will be responsible for an alternative payment arrangement and any late fees which may result.
5. The CLVC is authorized to collect all funds due prior to the effective date of shut off. I will notify the CLVC in writing if I wish to terminate this agreement.

I agree to the Automatic Payment terms and conditions listed above.

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