

Auto Pay Application

BILLING # : _____ MEMBER # : _____

NEW setup Change

NAME: _____

(please print name clearly as it appears on credit card)

ADDRESS your credit card is billed to _____

CREDIT CARD TYPE: VISA MASTERCARD

CREDIT CARD NUMBER: _____ EXP. DATE: _____

I, the undersigned, authorize TelAlaska to charge my TelAlaska billing to the credit card indicated above.
I have read and understand the information below and I agree to the Auto Pay terms and conditions.

Signature: _____ Date: _____

AUTO PAY TERMS AND CONDITIONS

As an enrollee in this program, I understand that:

1. I will receive a bill monthly, even though I am enrolled in the Auto Pay program. This bill will advise me of the amount to be charged to my credit card between the 15th and 25th of the billing month.
2. If charges to my credit card are declined for any reason, TelAlaska will make an attempt to contact me for an alternate payment arrangement. If I cannot be contacted, or fail to make alternate payment arrangements, my account will be subject to normal credit procedures for non-payment. If charges to this credit card are declined twice within a

twelve-month period TelAlaska has the right to terminate this Auto Pay agreement.

3. I am responsible for notifying TelAlaska if I wish to cancel this agreement.
4. If my credit card number changes for any reason, including lost or stolen credit cards, I will notify TelAlaska of the new account information. If I fail to provide this information prior to the 15th of the billing month and TelAlaska is unable to process my payment, I will be responsible for an alternate payment arrangement and any late charges which may result.
5. TelAlaska may cancel or update this agreement, at any time, upon 30 days written notice.

TelAlaska

Return to:
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