The City of Craig offers an automatic payment option. With this option, Utilities, Pool fees, PSN Road fees, and Harbor services can be paid with your credit card monthly. Your monthly invoices will be stamped paid when you receive them if you choose to pay via Autopay.

Please note that this automatic payment option may not take effect until one full billing cycle after the receipt of this form by the city. Please call out office for confirmation of if you have any questions (907)826-3275.

Once you have completed and signed this form, please return to the City of Craig.

Charge my Credit Card for the Following Services Circle Service

Utilities Harbor Services PSN Road Fees

Credit Card Type Visa Master Card Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number # \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Month Year

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Billing Address (Where you receive your Credit Card Statements)

Street or PO Box # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, authorize the City of Craig to charge my Credit Card specified above, the total amount due on my statement issued by the Company. I understand that my credit card will be charged no less than 10 days after the statement is printed.

I understand that I may terminate this agreement by giving written notice to the Company. I may do this at any time, but must allow a reasonable amount of time after receipt of city to act upon it.

Customer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_