



CITY OF UNALAKLEET

Autopay Authorization

NAME ON ACCOUNT:		PHONE #:	
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Customer Class: ☐ Residential ☐ Commercial ☐ Elder

Services: ☐ Water ☐ Sewer ☐ Landfill

I authorize the City of Unalakleet to charge my credit card below for my monthly service, beginning in _____ (month), every month until written notification to the contrary is given. I understand that the automatic payment will be processed on the 10th of each month for the full amount due at the time of processing, unless notified otherwise. I understand that no prior notification will be provided unless the date or amount changes.

SIGNATURE:	DATE:
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CREDIT CARD INFORMATION			
CREDIT CARD TYPE (please check one):	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
NAME (shown on card):		BILLING ZIP CODE:	
CREDIT CARD NUMBER:	ALL FIELDS MUST BE COMPLETED!		
EXPIRATION DATE:			

Forms can be brought to the office or emailed to cityclerkunk2@gmail.com.