

**ANCHORAGE OFFICE**  
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Anchorage, Alaska 99503  
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**UTQIAGVIK OFFICE**  
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Utqiagvik, Alaska 99723  
907-852-7100  
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### AUTOMATIC PAYMENT BY CREDIT CARD

This agreement between the Customer and Arctic Slope Telephone Association Cooperative, Inc. (ASTAC) authorizes ASTAC to collect payments for telephone and/or internet bills by charging the Customer's credit card account.

**NAME ON ASTAC ACCOUNT:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**SOCIAL SECURITY#:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**HOME#:** \_\_\_\_\_ **WORK#:** \_\_\_\_\_ **CELL#:** \_\_\_\_\_

**SERVICES TO BE CHARGED** (check all that apply): **PHONE** \_\_\_ **INTERNET** \_\_\_ **CELL** \_\_\_

**ASTAC ACCOUNT #:** \_\_\_\_\_

NAME: _____ (as it appears on credit card)
SOCIAL SECURITY # _____ DL / ID # & STATE _____
BILLING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CREDIT CARD TYPE (circle one): VISA MASTERCARD DISCOVER
CREDIT CARD NO.: _____ - _____ - _____ - _____
EXPIRATION DATE: _____ (month/year) 3 DIGIT SECURITY CODE: _____

As an enrollee in this program, I understand that:

1. I will receive a bill each month even though I am on the automatic credit card payment plan. It will tell me the amount of my telephone bill which will be charged to my credit card account.
2. The payment will be charged to my credit card account on the 15th day of the month (or next business day following the 15th). If ASTAC fails to do this, any resulting late charge will be removed.
3. If my credit card is declined for whatever reason, ASTAC will attempt to contact me for an alternate payment arrangement. If I cannot be reached or do not make alternate payment arrangements, my account will be subject to normal credit procedures. If my payment is declined three times within a 12 month period, ASTAC may cancel my participation in this program; if this occurs there will be a 6 month waiting period before I will be eligible to rejoin the Auto Pay program.
4. No more than one card can be billed per account.
5. If my credit card number changes, I will notify ASTAC of the new account number. I will also notify ASTAC of a change in the credit card expiration date because the expiration date is necessary to process my payment. If I fail to provide this information prior to the due date and ASTAC is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fee which results.
6. I will notify ASTAC at 1(800) 478-6409 if I wish to cancel this agreement.
7. ASTAC may cancel this agreement at any time upon 30 days written notice.

**By signing this authorization, the Customer acknowledges that he/she has read and agrees to all of the above.**

**CUSTOMER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CARDHOLDER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

For Office Use Only  
Date Received \_\_\_\_\_ Date Completed \_\_\_\_\_  
CSR Initials \_\_\_\_\_