



## NOME JOINT UTILITY SYSTEM

a component unit of **CITY OF NOME**

P.O. Box 70 • Nome, Alaska 99762

(907) 443-NJUS • Fax (907) 443-6336

### CREDIT CARD CHARGE AUTHORIZATION FORM – AUTOMATIC PAYMENT OF UTILITY ACCOUNT

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. All information entered on this form will be kept strictly confidential.

#### Directions:

- 1) Fill out and complete the entire form legibly with a dark pen. Card holder must sign on the line indicated. We reserve the right to verify the provided information with your Credit Card Issuing Bank.
- 2) Include a photocopy of the front and back of the signed credit card.
- 3) Return the completed form and credit card photocopy to NJUS Customer Service Office at City Hall or mail back to address above. **For your protection, this information should not be returned by e-mail.**

#### UTILITY ACCOUNT INFORMATION

ACCOUNT #: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

E-MAIL: \_\_\_\_\_

#### CARD INFORMATION

☐ DEBIT

☐ CREDIT



NAME (AS IT APPEARS ON CARD): \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ C V V: \_\_\_\_\_

STATEMENT MAILING ADDRESS: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BANK PHONE: \_\_\_\_\_

I (we) hereby authorize NOME JOINT UTILITY SYSTEM (NJUS) to make recurring charges to my Credit Card listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error.

I understand that NJUS will continue to provide me with an itemized monthly statement detailing all of my charges, and will charge the full amount of my monthly statement to my credit card. This authority is effective as of the date indicated below and will remain in effect until NJUS is notified by me (us) in writing to cancel it in such time as to afford NJUS and Credit Card company a reasonable opportunity to act on it.

In the event my credit card becomes invalid, I will provide NJUS with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to NJUS.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Effective Date