



# 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

## AUTHORIZATION FORM – AUTOMATIC PAYMENT OF UTILITY ACCOUNT USING CREDIT/DEBIT CARD or ACH (“E-Check”)

By completing and submitting this form, you are authorizing NJUS to automatically request payment for your utility statement each month. NJUS will submit the statement amount due to be received by the selection and account information you provide below, either from:

- (1) a processing company to charge your plastic credit/debit card, or
- (2) your bank to have it paid directly out of your savings or checking account.

**IF YOU ELECT TO USE A CREDIT/DEBIT CARD**, the card processing company will **charge a convenience fee equal to 2.75% of the payment being authorized**. This charge by the processing company will reflect separately on your card or bank statement, and is not a fee received by NJUS. You will need to provide the credit/debit card information below.

**IF YOU ELECT TO USE YOUR CHECKING OR SAVINGS ACCOUNT as an ACH (automated clearing house or “E-check”) payment, there will be no fees assessed** but you must provide your bank routing and account information below.

### UTILITY ACCOUNT INFORMATION

ACCOUNT(S) # \_\_\_\_\_

PHONE (indicate preferred contact by checking box):

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

Home (    )    -

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

Work (    )    -

\_\_\_\_\_

Mobile (    )    -

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

#### FOR PROCESSING BY CARD:

DEBIT                       CREDIT

          

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

ACCOUNT NUMBER:

EXPIRATION:   /        C V V:

#### FOR PROCESSING BY BANK ACH:

CHECKING                       SAVINGS

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

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

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

BANK ROUTING #:

ACCOUNT #:

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

I understand 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 the card or account. 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 a reasonable opportunity to act on it.

**In the event my card expires or my account number changes so the payment cannot be processed based on the information submitted above, I will provide NJUS with updated information upon request, to be charged for the payment of any outstanding balances owed to NJUS. I understand NJUS will securely store any card or bank information.**

\_\_\_\_\_  
Authorized Signature of Card or Account Holder

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