

The APS Safety Net Partner Program



APS

THE POWER TO MAKE IT HAPPEN[®]

The APS Safety Net Partner Program

If you or someone you know is elderly, ill, or away from home often, it's possible to overlook a utility bill or shut off notice. **To help prevent avoidable disruption of your electric service** The APS Safety Net Partner Program is available to you.

You can designate a friend, relative or community agency to remind you to pay your APS bill. APS will send your Safety Net partner or agency a copy of any late notice you receive, as well as a copy of any notice that your service may be stopped due to unpaid bills. The duplicate notices gives the third party an opportunity to bring any late bills to your attention and offer you advice or aid. **APS will not provide your designated third party additional account information or hold them financially responsible.**

To be included in the APS Safety Net Partner Program, complete the attached pre-addressed card, sign it and **be sure your Safety Net partner signs it, too.** Then just drop it in the mail or bring it to an APS Customer Service Office. For more information, visit aps.com or telephone 602-371-7171 in the Phoenix area or 800-253-9405 statewide.

Frequently asked questions

Q. How will Safety Net help me?

A. We will send a notice to your designated Safety Net partner to alert them to any past due bills so they can remind you to pay your APS bill and avoid having your electric service disconnected.

Q. Is there a cost to participate in this program?

A. The APS Safety Net Partner program is free. There is no cost to you or your Safety Net partner.

Q. Will you make credit arrangements with my Safety Net partner?

A. No, the customer of record is the only person(s) that can make credit arrangements.



APS Safety Net Signature Card

**Primary
customer name** _____

APS account
number _____

Service
address _____

City _____

State _____ Zip code _____

Phone _____

**Safety Net
partner name** _____

Address _____

City _____

State _____ Zip code _____

Phone _____

By signing this agreement, it is understood that I give APS permission to mail a notice to the Safety Net partner(s) named above if my account becomes past due and subject to disconnect. It is understood that the Safety Net partner(s) is **not** responsible for payment of my account.

**Primary
customer**
signature _____

Date _____

**Safety Net
partner**
signature _____

Date _____



We're available
7-days-a-week,
24-hours-a-day.

Metro Phoenix area:
602-371-7171

Other areas:
800-253-9405

aps.com



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