

# AUTOPAY APPLICATION



## AutoPay makes life more convenient

With AutoPay, you can take the worry out of remembering to pay your bill each month. Enrolling is as easy as completing this authorization form and returning it to: APS, P.O. Box 37816, Boone, IA 50037-0816

We appreciate your business and hope you will enjoy the convenience and peace of mind offered by our AutoPay program.

## Authorization Form

I have read and agree to the AutoPay terms & conditions below and I agree to participate in AutoPay according to its terms and conditions. Using the bank account information I provide below, I authorize APS to debit my account on the bill due date each month to pay the amount due. I understand if I pause an AutoPay withdrawal, I must still pay by the due date to avoid late charges. If a payment/s is returned, charges will apply and AutoPay participation may be terminated.

To unenroll or update your payment information, visit [aps.com/autopay](http://aps.com/autopay) or call us at **(602) 371-7171** (metro Phoenix) or **(800) 253-9405** (other areas).

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Customer Name

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Signature

Date

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Address

City

State

Zip

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APS Account Number

Select Bank Account Type:     Checking     Savings

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Bank Account Number

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Routing Number

## AutoPay Terms and Conditions

This recurring payment authorization ("Authorization") is for the APS automatic payment program ("AutoPay"). I authorize APS (including its successors, assigns, agents, and service providers) to electronically debit the bank account designated in my AutoPay application form, or any substitute bank account I later provide (collectively hereafter, "the Account"). I represent that I am an authorized signer on the Account, and I will update my Account information if it changes by contacting APS.

The amount debited will be in accordance with these terms and conditions and occur on the payment due dates specified on my APS bills (the "Bills"). Depending on my billing cycle and the timing of this AutoPay enrollment, I understand my next Bill may or may not be subject to the automatic debit process. If my next Bill does not indicate that the amount due will be automatically debited, then I agree to make any payment due by the Bill due date using another method. I understand my AutoPay enrollment should be effective on each Bill thereafter until I unenroll from AutoPay.

I understand the Bill amount may vary based on my monthly energy usage, and that this Authorization permits APS to debit the amount reflected on each Bill.

If, after we send you the Bill, there is activity on your APS account for that billing period that results in an account balance lower than the billed amount, the amount debited will be adjusted to that lower amount. If the resulting account balance is higher than the billed amount, no changes will be made to the scheduled payment and the difference will be added to the following month's Bill. If the resulting account balance is a zero or credit balance, the scheduled payment will be skipped.

If APS makes an error in processing an electronic debit, I authorize APS to correct the error by initiating an electronic credit or debit to the Account in the amount of such error on or after the date such error occurs. If a payment is returned by the bank, charges may apply and my participation in AutoPay may be terminated. I also authorize APS to reinitiate any debit to the Account that is rejected up to two times. I acknowledge that APS is not obligated to reinitiate any debit that is rejected and that APS may terminate electronic payment services if a debit is rejected. I understand that my bank may charge fees in connection with a debit that is returned unpaid and I agree that APS is not liable regarding any such fees.

I understand I can pause an automatic payment for the current billing month on [aps.com](http://aps.com) or by calling APS. The request must be made at least 24 hours (one business day) before the due date, and I am still responsible for making the payment by another means and by the due date indicated on the bill.

I may cancel this Authorization at any time by contacting APS or unenrolling from AutoPay at [aps.com](http://aps.com) in such time and manner so as to afford APS a reasonable opportunity (typically three business days) to act on my request. If I cancel this Authorization or if APS terminates recurring electronic debits to my Account, I understand that I will remain responsible for making the payments due by other means to avoid late charges and/or disconnection of service. This Authorization will remain in effect until it is canceled, terminated or I close my APS account.

**TIP:** Protect your data by using a security (privacy) envelope when possible and make sure it's sealed