EASY PAY - Automatic Payment Service

To participate in the Automatic Payment Service, please complete this form. Print it out, and mail it with a check marked **VOID** and which shows your complete account number to:

AUTOMATIC PAYMENT SERVICE
Alameda Municipal Power
Customer Service Department
P.O. Box H
Alameda, CA 94501

Name as shown on your electric bill:

Service Address:

Work Telephone:

Home Telephone:

AMP Acct Number: -

Banking Information

Name of your Bank, Savings and Loan, or Credit Union:

Branch Location:

Type of Account from which You Wish Funds Transferred:

- ☐ Checking Account
- ☐ Savings Account
- ☐ Credit Union

Bank Account Number:

Your Name (please print) as shown on financial institution records:

Signature as shown on financial institution records:

Date:

Bank Authorization

I authorize Alameda Municipal Power to begin deductions from my account with the financial institution named below for payment of my electric bill. This authorization will remain in effect until revoked by me in writing. I understand that I have the right to stop automatic payment of my electric bill upon 30 days written notice to Alameda Municipal Power and/or my designated financial institution prior to the time my account is charged. I understand that Alameda Municipal Power and/or the financial institution indicated reserve the right to end this payment plan and my participation therein.

I authorize _____ (Name of Financial Institution) to pay and charge my account the amount of any Automatic Payment Service drawn on my account payable to Alameda Municipal Power.

Your Signature: _____

Date: _____