Alaska Energy Authority
ELECTRONIC PAYMENT AGREEMENT

RETURN THIS FORM TO:
Email: aeapayables@akenergyauthority.org
Fax: 907-771-3044
AEA Accounts Payable
813 West Northern Lights Blvd. Anchorage, Alaska 99503-2495
Vendor Code:

SECTION A – Authorization *(CHECK ONE BOX)*

I hereby authorize AEA satisfy payment obligations due me by making deposits to the account indicated below. ☐ **Yes** ☐ **No**

SECTION B – Payee Information *(FILL IN ALL BLANKS)*

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

Legal Name: **SSN / EIN:**
(NAME USED ON LEGAL AND TAX DOCUMENTS) (TAX IDENTIFICATION NUMBER)

Business Name:
(IF DIFFERENT FROM LEGAL NAME / NAME USED DOING BUSINESS AS – DBA)

Address: **City:** **ST:** **ZIP+4:**
(MAILING ADDRESS)

Address: **City:** **ST:** **ZIP+4:**
(REMITTANCE ADDRESS / IF DIFFERENT FROM ABOVE)

Phone: **Fax:** **Contact Email:**

Contact Name: **ACH Advice Email:**

BANKING INFORMATION

Financial Institution Name:

City, State:

9 Digit Routing Transit Number (RTN):

Account Number:

Name of or Name on Account:

This account is used primarily for: ◉ **Business** ○ **Personal**

ACCOUNT TYPE:

○ CHECKING (Attach voided check)

○ SAVINGS (Attach deposit slip)

SECTION C – Additional Payment Information *(CHECK AT LEAST ONE BOX)*

NACHA (National Automated Clearing House Association) Operating Rules requires your bank to provide you with addenda (remittance) information that AEA includes with each payment. If the information on your statement is insufficient, it is your responsibility to submit a request to your bank. Any charge to receive this information is your responsibility.

For businesses only: this addenda information can appear in two different formats as indicated below (please choose one).

☐ Payments deposited separately with one addendum record for each payment (used by most businesses).

☐ Payments combined into one deposit with multiple addenda records for each payment in the deposit (used by large businesses expecting multiple daily payments). You will need to contact your bank to make arrangements to receive complete remittance information.

I understand that receipt of the electronic fund transfer(s) will fulfill AEA's payment obligation and AEA will be credited for the full amount on the date the fund transfer is completed. I also authorize AEA to initiate debit entries and adjustments for any credit entries made in error to this account. I understand AEA will make a reasonable effort to notify me within 24 hours if a debit entry or adjustment is made against this account. This authority is to remain in full force through the duration of this agreement. I understand that thirty (30) days notice, in writing, is required if I change financial institutions, account numbers or type of account. All correspondence with AEA concerning this agreement or any changes to account information should be sent to the address at the top of this form. All terms remain in effect until this agreement is terminated by either party.

SIGNATURE: **DATE:**

PRINTED NAME: **TITLE:**

Alaska Energy Authority

ELECTRONIC PAYMENT AGREEMENT

RETURN THIS FORM TO:
Email: aeapayables@akenergyauthority.org
Fax: 907-771-3044
AEA Accounts Payable
813 West Northern Lights Blvd. Anchorage, Alaska 99503-2495
Vendor Code:

Legal Name: _____

SSN / EIN: _____

Banking Information / Documentation

Required Backup Documentation: Select one document from the list below and submit along with this form.

- ☐ **Bank Payment/Instruction Letter from Financial Institution**
- ☐ **Banking Info on Company Letterhead**
- ☐ **Blank Void Check**