



2525 Phillips Field Road
Fairbanks, AK 99709
(907) 452-7111
Interiorgas.com

CREDIT CARD AUTO PAY FORM

Customer Information

Name: _____

Account #: _____ Phone Number: _____

E-mail Address: _____

Credit Card Information

Credit Card Number: _____

Expiration Date: _____ CVV (security code): _____

Name as it appears on card: : _____

Billing Address: _____

City: _____ State: _____ Zip _____

VISA

Mastercard

Discover

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for credit card transactions, and that I am authorized to provide this information.

I authorize INTERIOR GAS UTILITY to deduct my utility payments from this account via recurring credit card payment transactions. I understand sending a written notification to INTERIOR GAS UTILITY will revoke this authorization. INTERIOR GAS UTILITY reserves the right to cancel recurring credit card payments due to insufficient funds without notice.

Print Authorized Name: _____

Authorized Signature: _____ Date: _____