

#### Tagiugmiullu Nunamiullu Housing Authority P.O. Box 409 Barrow, Alaska 99723

Telephone 907-852-7150, Fax 907-852-4367

## Credit/Debit Card Pre-Authorization Form for Phone-In

Pre-authorize your credit/debit card to be charged whenever you call in to confirm. Just complete and sign this form to get started!

# Phone in to make a payment when you want will save you from receiving a delinquent notice:

- It's convenient (saving you time and postage)
- Your payment will always be current

### Here's How phone in Payments Work:

You pre-authorize your Visa, Master or Debit Card so TNHA has accurate information on file. You will ONLY be charged when you call to confirm the amount, and when you want to pay. Your card will be charged the amount you want, **plus transaction fee for each transaction in accordance with the adopted TNHA Resolution No. 2014-02**. A receipt will be mailed to you and the charge will appear on your credit card or bank statement. **\*\*\*TNHA WILL NOT refund your account after the payment is processed\*\*\*** 

### Please complete the information below:

	Name)			namiullu Housing Authority f rent/house payment/work
order (Underline of and Account No			for the account of _	(Insert account name)
Billing Address			Phone#	
City, State, Zip			Email	
Account Type: [	] Visa	MasterCard	Credit	🗌 Debit
Cardholder Name				
Account Number				-
Expiration Date		-		
CVV	_(3 digit numb	per on back of Visa/MC	2)	

SIGNATURE

DATE

I authorize Tagiugmiullu Nunamiullu Housing Authority (TNHA) to charge the credit/debit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will be in effect only when I call in to authorize the transaction. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit/debit card company provided the transactions correspond to the terms indicated in this authorization form.