



At&T Mobility

myavista.com  
1 (800) 936-6629

Account Number: 2337270000  
Statement Date: 10/03/2018  
Service Address: 21001 E BRADSHAW RD

Total Amount Due	Due Date
<b>\$765.82</b>	<b>Oct 23, 2018</b> <small>(Applies to new charges only)</small>

## Bill at a Glance

<b>Previous Balance Due</b>	<b>\$126.25</b>
Payment(s) Received through 10/03/2018	<b>0.00</b>
<b>Subtotal</b>	<b>126.25</b>
<b>Cancellation(s)</b>	
Electric	<b>277.83 CR</b>
<b>New Charge(s)</b>	
Electric	<b>917.40</b>

**Total Amount Due This Month** **\$765.82**  
**Due Date** (Applies to new charges only): **Oct 23, 2018**

## Your Message Center

For information on calculating your bill, visit myavista.com/managebill or call us at (800) 227-9187.

Get in the know with Avista notifications. Receive text alerts for bill paying and outage updates. To register, text REG to Avista (284-782), and then follow the directions.

Avista discovered an under-billing on your account. If you desire payment arrangements, please contact us. We are willing to make mutually satisfactory arrangements.

This bill includes corrections.

## Contact Us

**Customer Service:** 1 (800) 936-6629  
Monday through Friday 7 a.m. to 7 p.m.  
Saturday 9 a.m. to 5 p.m.

**TTY Service** - Our service numbers for the hearing impaired are:  
Washington 7-1-1 or 1 (800) 833-6388

**After Hours Emergencies:** 1 (800) 227-9187

**Send payments only to:**  
Avista  
1411 E. Mission Ave.  
Spokane WA 99252-0001

**Send correspondence to:**  
Avista Customer Service MSC-34  
PO Box 3727  
Spokane WA 99220-3727

website: myavista.com

e-mail: ask@myavista.com

▼ Please detach and return the bottom portion with your payment. ▼

TRA3-D-000041/000045 AGW6U2 S1-ET-M1-C00001 56

Account Number: 2337270000



1411 E. Mission Ave.  
Spokane WA 99252-0001

☐ Please check here and fill out reverse if you would like to establish Automatic Payment Service (APS).



000041 1 MB 0.421 000041/000045 001 001 AGW6U2  
AT&T MOBILITY  
ATTN: SUSAN BAZE  
PO BOX 182576  
COLUMBUS OH 43218-2576

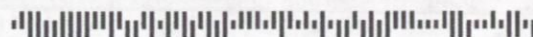


**Total Amount Due** **\$765.82**  
**Due Date** (Applies to new charges only): **Oct 23, 2018**

Project Share Contribution ☐ \$2 ☐ \$5 ☐ \$10 ☐ Other \_\_\_\_\_  
(Add to Total Amount Due)

**Amount Enclosed** \$

Thank you for your payment.



AVISTA  
1411 E MISSION AVE.  
SPOKANE WA 99252-0001

233727000070000012625000000000000000765825



**Service Address** 21001 E BRADSHAW RD CELL AT&T  
FAIRFIELD WA 99012



## Electric Detail

Read Dates: 08/16/18 to 09/13/18 - 28 Days

Cancelled bill from 08/16/18 to 08/16/18 due to Low Read **\$126.25 CR**

Meter Number	Service Type	Meter Reading		Read Type		Meter Mult.	Energy Usage
		Previous	Current	Previous	Current		
12192362	Electric	15165.280	18316.429	Actual	Estimate	1	3151.149

Rate Schedule 011

First 20 KW	8.96800 KW	X \$0.00	\$0.00
First 3,650 kWh	1688.10804 kWh	X \$0.1178 (for 15 of 28 days)	198.86
First 3,650 kWh	1463.02696 kWh	X \$0.11914 (for 13 of 28 days) New Rate	174.31
Basic Charge			20.00

**Charges \$393.17**



## Electric Detail

Read Dates: 07/12/18 to 08/16/18 - 35 Days

Cancelled bill from 07/12/18 to 08/16/18 due to Low Read **\$151.58 CR**

Meter Number	Service Type	Meter Reading		Read Type		Meter Mult.	Energy Usage
		Previous	Current	Previous	Current		
12192362	Electric	10668.680	15165.280	Actual	Actual	1	4496.600

Rate Schedule 011

First 20 KW	10.41600 KW	X \$0.00	\$0.00
First 3,650 kWh	3650.00000 kWh	X \$0.1178	429.97
Over 3,650 kWh	846.59600 kWh	X \$0.08772	74.26
Basic Charge			20.00

**Charges \$524.23**

Please PRINT Automatic Payment Service (APS) information below and check the appropriate box on the reverse side. Thank you.

### Automatic Payment Service (APS) – Enrollment Form - Establish payments.

**1** Supply a voided check from the account you wish to debit.  
Please enter:

□ □ □ □ □ □ □ □ Routing Number

□ □ □ □ □ □ □ □ □ □ □ □ □ □ Account Number

The Routing Number is located to the left of the Account Number

☐ Checking or ☐ Savings Account

☐ (Optional) Please withdraw \$\_\_\_\_\_ each month from my account for Project Share.

**2** Be sure to enclose a payment for your Total Amount Due  
(Note: Please allow four weeks for processing.)

Phone Number ( ) \_\_\_\_\_

**X**

Signature (must match name on account)

Until further written notice, the above signature authorizes Avista Corp., its successors and/or assigns to debit my checking/savings account for my payment, as directed above, on or about the Automatic Payment Service (APS) date noted on my bill. In the future, the total amount due will be automatically debited to the checking/savings account on the due date of your bill.

☐ **Change of Address** - Please indicate your new mailing address below:

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

▼ Do not print or mark below this line. ▼