BONNEVILLE POWER ADMINISTRATION

BPA

Contact Last Name

Contact First Name

Contact Middle Initial

Filing Transaction as a ◯ Business ◯ Individual

Company Name

Address Line 1

Address Line 2

City

State/Province

Country

Zip/Postal Code

Phone Number

Email Address

Purpose of Payment ◯ BPA Employee Payment ◯ Contract ◯ Invoice/Bill

◯ Investment Recovery Charge ◯ Lease Payment ◯ Other

Payment Method ◯ ACH (Checking Account) ◯ Credit Card

Amount of Payment $

Continue