



CATV AutoPay Authorization Form

Customer Name

Address

City

State

Zip

Telephone Number

CATV Account Number

Credit Card Information: (Check One)

MasterCard

Visa

Expiration: _____(mm/yy)

Account Number

Name (of Card Holder)

Signature (of Card Holder)

Date

Bank Account Information: (Check One)

Checking

Savings

Routing Number

Account Number

Name of Financial Institution

Name (of Bank Account Holder)

Signature (of Bank Account Holder)

Date

I authorize CATV Service or its agent to initiate debit entries to my bank account or credit card. I will verify the accuracy of this application and subsequent invoices and promptly notify them of any errors. Any transaction returned for non-payment will be assessed a returned item fee. I agree that my first use of the service will signify my acceptance of the terms of the Service Agreement.