

AUTOMATIC PAYMENT FORM

TELEPHONE# _____

NAME _____

We will accept payment of your telephone, cable and/or internet bill via your VISA, MasterCard, Discover credit card, or by Electronic Bank Deduction. Please complete and sign this form.

I, _____, give Crosslake Communications my permission to charge my monthly telephone, cable and/or internet bill to my credit card or to use Electronic Bank Deduction.

I understand that I will continue to receive my bill each month for my records and review. If I have any problems or questions, I will notify Crosslake Communications at least three business days prior to the transaction date of the 10th of the month.

I also understand that Crosslake Communications will continue to apply my billing balance to my credit card or use Electronic Bank Deduction each month until I notify same in writing at least three business days prior to the transaction date of the 10th of the month that I wish to stop.

CREDIT CARD DEDUCTION

Circle One

VISA

MasterCard

Discover

Credit Card/Bank Card # _____ Exp Date: _____ Security Code _____
(You must inform us of a new expiration date at least 3 days prior to the 10th of the month) (Last three digit number from back of card)

Credit Card Billing Address: _____

ELECTRONIC BANK DEDUCTION

Name and Address of Financial Institution:

Phone number of Financial Institution: _____

Account Number: _____ Checking Savings

Financial Institution Transit/Routing Number _____
(Usually the first set of numbers on the bottom left of your check)

You will need to verify with your financial institution that the first set of numbers on the bottom left of your check are the correct and complete transit/routing numbers that we will need to complete your electronic bank deduction transaction. PLEASE ATTACH A VOIDED BLANK CHECK FOR CHECKING, OR A VOIDED WITHDRAWAL SLIP FOR SAVINGS.

Signature: _____

Address: _____

Phone: _____