



## Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How Recurring Payments Work:** You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated on each billing cycle. You agree that no prior-notification will be provided.

**Please complete the information below:**

I \_\_\_\_\_ authorize to charge my credit card/checking/savings Spruce Knob Seneca Rocks Telephone Company Inc. SKSRT indicated below monthly on or about the 3rd of each month for payment of my monthly bill for services provided by SKSRT.

Account # \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Checking/ Savings Account


Checking     Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_



Routing No.    Check No.    Account No.

Bank City/State \_\_\_\_\_

### Credit Card

Visa     MasterCard     Amex     Discover

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV# \_\_\_\_\_

Customer acknowledges that he/she is the authorized signer on behalf of the account shown above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify SKSRT in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. Payments will be processed on the 3rd of each month, 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that SKSRT may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$15.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_