

AUTHORIZATION FOR AUTOPAY via CHECK ACCOUNT/CREDIT CARD

This document is to give permission to Country Cablevision, Inc., to receive payment of their Monthly Billing Fees with a printed Draft from your regular checking account or credit card account. Drafts are authorized in advance by you to pay your fees without the need for you to mail in a regular check or calling our business office with credit card numbers. You will see this charge/debit on your next checking statement or credit card statement. Please read and initial each paragraph and attach a "Voided" check or fill out for credit card draft. Enter the date to begin your recurring Charge/Draft.

Initial _____

I hereby authorize Country Cablevision, Inc., to Charge my Credit Card Account, or submit a Draft to my checking account through the services of Centura Bank, according to the scheduled payments listed on this forms.

Initial _____

I understand and agree that this authorization to Charge my Credit Card Account or Draft my Checking Account, does not require any further notification by Country Cablevision, Inc., other than their normal billing and statement practice.

Initial _____

I agree to have sufficient Credit Limits or funds available to pay the amount of the Charges/Draft on the 10th of each month or the next business day. I also agree that if sufficient funds are not available, Country Cablevision, Inc. has the right to impose charges, as set by the state, and Country Cablevision, Inc. will not be responsible for any returned items, fees, or penalties imposed by my Financial Institution.

Initial _____

I agree that if any information changes, I will give written notice to Country Cablevision, Inc., 30 days before the next transaction date or charges will be applied as set by the state.

Account/Subscriber# w/ Country Cablevision

Name Account is in w/Country Cablevision

CREDIT CARD

Card Type: Please circle one **DISCOVER** **MASTER CARD** **VISA**

Card Number _____

Expiration Date _____

Print Name as it Appears on Card _____

Authorized Signature _____

Date _____ / _____ / _____

BANK DRAFT

Print Name of Account Signer _____

Authorized Signature _____

Date _____ / _____ / _____

ATTACH VOIDED CHECK FOR DRAFT

SCHEDULED CHARGES OR DRAFTS

Your checking/credit card account will be debited on the 10th of each month for your total monthly billing.

DATE TO START... _____ / _____ / _____

OFFICE USE ONLY

PLEASE READ CAREFULLY
AUTOMATIC CREDIT CARD/BANK DRAFT

Please be advised that with any automatic payment system the total amount of your Country Cablevision bill will be automatically applied to your credit card or drafted from your bank account. If any automatic payment made by a credit card/bank draft is declined or returned there will be a \$30 Handling Fee and you will be notified by our office, that other arrangements of payment must be made.

If there is a second occurrence of declined or returned payments with any of the automatic payment plans, your account will be removed from the automatic credit card/bank draft, and you will receive a final notice that all future payments must be made by some other payment method.