

# AUTOPAY REQUEST

**Please return with your invoice.**

(May take up to 2 billing cycles for AutoPay to begin)

Customer Name \_\_\_\_\_

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

Phone # \_\_\_\_\_

## DRAFT CHECKING

Checking Acct. # \_\_\_\_\_

*Please attach voided check.*

## CREDIT CARD

MasterCard  Visa

Credit Card # (16-Digits) \_\_\_\_\_

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

I (We) hereby authorize Northland Cable Television to electronically deduct, on a monthly basis, any and all fees due for all monthly services received and selected by me (us). I (We) hereby authorize the financial institution named or credit card to accept and post these transactions to my (our) account. I (We) further authorize Northland Cable Television to adjust said transactions to reflect any changes to the monthly service fees due. This authorization will remain in effect until I (We) provide written notice to Northland Cable Television requesting termination. I (We) understand that notice of cancellation will require a minimum of two (2) weeks prior written notice. Please note you will not receive notifications prior to the draft date. Further, we reserve the right to cancel this service if any draft is returned for insufficient funds.

Signature \_\_\_\_\_ Date \_\_\_\_\_