

**PAYMENT OPTIONS**

**SIGNATURE ON FILE**

**AUTOPAY**

(Please circle one before returning to office)

ACCT# \_\_\_\_\_

CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

NAME ON CREDIT CARD \_\_\_\_\_

NAME ON CABLE ACCOUNT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

**FOR SIGNATURE ON FILE, PLEASE READ AND SIGN!!!**

I AGREE TO PAY TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT. IF DISCONNECTED, THE TOTAL AMOUNT OF BILL WILL BE CHARGED TO THE ABOVE CREDIT CARD AUTOMATICALLY. I AGREE TO THE ABOVE AND AUTHORIZE CREDIT CARD TO BE CHARGED

SIGNED \_\_\_\_\_

NAME PRINTED \_\_\_\_\_

**FOR AUTOPAY PLEASE READ AND SIGN!!!**

I AGREE TO PAY TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT. TOTAL AMOUNT OF BILL WILL AUTOMATICALLY BE CHARGED TO THE ABOVE CREDIT CARD THE **1<sup>ST</sup> BUSINESS DAY OF EVERY MONTH**. IF DISCONNECTED, THE TOTAL AMOUNT OF BILL WILL BE CHARGED TO THE ABOVE CREDIT CARD AUTOMATICALLY. I AGREE TO THE ABOVE AND AUTHORIZE CREDIT CARD TO BE CHARGED.

SIGNED \_\_\_\_\_

NAME PRINTED \_\_\_\_\_