



Authorization Agreement for Automatic Payment

Month to begin: _____
 Account Number _____
 Name(s) on Account: _____
 Service Address: _____
 Contact Phone: _____
 Email Address: _____

Automatic Payment via ACH:

Name of Bank: _____

Name(s) on Account: _____

Type of Account: (Check one) **Checking** **Savings**

_____ I have included a blank voided check (for my checking account) or a savings deposit slip (for my savings account) and hereby authorize my financial institution to debit my account in the name of DCM Cable, Inc.
Initial here

Automatic Payment via Debit/Credit card: (Check one)

PLEASE NOTE: EACH CREDIT CARD TRANSACTION IS SUBJECT TO A PROCESSING FEE

Visa **Mastercard** **Discover** **American Express**

Please provide card information below.

Credit Card

Number: _____

Expiration Date: _____ **Security Code**

Date: _____ (3 or 4 digit): _____

_____ I hereby authorize Bridgenet Communications (BNC) to charge my credit card in the name of DCM Cable, Inc.
Initial here

I understand this recurring charge or debit will take place approximately fifteen days after the billing date and will be listed with the description of DCM Cable, Inc. in the amount of the balance of the last billing statement to include charges, adjustments and payments posted through that statement date. Any charges, adjustments and payments posted after the statement date will be reflected on the next automatic payment. If my unit is sold, it is my responsibility to notify Bridgenet Communications (BNC) in writing to stop debit or charge transactions. I understand this auto debit or charge will remain in effect until I provide BNC with 30 day notification of my desire to cancel this Authorization Agreement for Auto Payment.

Signature: _____ Date: _____

Signature: _____ Date: _____

Revised 08/11/2020