



Authorization Agreement for Automatic ACH Payment

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

Automatic Payment via ACH:

Name of Bank: _____
Name(s) on Account: _____
Routing Number _____
Account Number _____

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

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

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: _____