



**PRE-AUTHORIZATION FORM**

*For Recurring Payment with Debit/Credit cards.*

I authorize Antietam Cable Television, Inc. to keep my signature on file and to charge my debit/credit card, on an ongoing basis, for the total amount billed on my most recent Antietam Cable Television statement. I understand that this authorization is valid indefinitely unless I cancel the authorization through written notice. I also agree to contact the merchant if there are any changes to my card information. If I wish to change cards, I will call Antietam Cable Television and request a new Pre-Authorization form.

(Please complete the form below)

Type of debit/credit card (circle one):      American Express      Visa  
   MasterCard                                      Discover

Please check if this is a bank debit card     

\_\_\_\_\_ (cable account number)

\_\_\_\_\_ (cable account name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(date to begin debit/credit card payment)

\_\_\_\_\_  
(Cardholder Name)

\_\_\_\_\_  
(Cardholder Billing Address)

\_\_\_\_\_ (City)      \_\_\_\_\_ (State)      \_\_\_\_\_ (Zip)

\_\_\_\_\_ (Daytime Phone Number)      \_\_\_\_\_ (Evening Phone Number)

\_\_\_\_\_ (Card Account Number)      \_\_\_\_\_ (Expiration Date – Mo./Yr.)

\_\_\_\_\_ (Cardholder signature)      \_\_\_\_\_ (Date) / \_\_\_\_/\_\_\_\_

**\*\*All payments will be posted to your account no more than 15 days after your billing date. Payments are generally posted the Monday before your due date.**