

**Antietam Cable Television, Inc.**  
**1000 Willow Circle, Hagerstown, MD 21740**  
**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 amounts I owe.

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

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 charge account information.

(Please complete the form below)

\_\_\_\_\_      \_\_\_\_\_  
(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 10 days after your billing date.