

PRE-AUTHORIZATION FORM

For Recurring Payment with a Debit/Credit card
or from a bank account



Antietam

Cable Television, Inc.

I authorize Antietam Cable Television, Inc. to keep my signature on file and to charge my debit/credit card/bank account, 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 this information, I will call Antietam Cable Television and request a new Pre-Authorization form.

(Please complete the top section of the form below along with either the credit card or bank account section near the bottom. Please be sure to sign at the bottom)

Type of account (circle one):
American Express Visa
MasterCard Discover
Checking Savings

_____ (cable account number) _____ (cable account name)

_____/_____/_____
(date to begin automatic payment)

(Account Name – Name listed on credit card or bank statement)

(Account Address – Address where credit card or bank statement is mailed)

(City) (State) (Zip)

(Daytime Phone Number) (Evening Phone Number)

To use Debit/Credit Card fill out this section:

To use Bank Account fill out this section:

(Card Account Number)

(Name of Bank)

(Expiration Date – Mo./Yr.)

(Bank Routing Number)

(Bank Account Number)

(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.**