



Millington Cable, Inc.



Automatic ACH, EFT, Credit and Debit Card Authorization Form

Section I. Check One:

_____ - New Enrollment _____ - Update/change current Enrollment _____ - E-Billing

Availability of Funds: Funds are to be available in the indicated account on the 15th of each month. However drafting may not occur until after the 15th. Service Charges: Insufficient funds or payment declines for automatic drafts, debit cards or EFT transactions, will be processed in the same manner as a "bounced" check and will incur a \$30 service fee. Credit card payments (Visa, MC or Discover) returned as "Declined" for any reason may be charged \$5.00 for each decline and \$2.00 for each rerun of the card if requested to do so by the customer. It is the customer's responsibility to keep banking and card information current, neglect to do so will result in additional charges to handle and reprocess your payment. Returned or declined items subject your account to immediate disconnection of all services.

Section II. Please complete this section

Subscriber Name: _____ Cable Account Number: _____

Mailing Address, City, State, Zip: _____

Subscriber Contact Phone Numbers: Home: _____ Cell: _____ Work: _____

Section III. Select an option below and complete the selected section.

_____ Option #1 – ACH- Checking or Savings Account (Must Provide a VOIDED CHECK, we do not accept bank deposit slips.)

Type of account: (Check One) Checking _____ Savings _____

Bank routing/transfer number: _____ Bank account number: _____

Name of Financial Institution: _____

Name(s) on Bank Account: _____

Branch address, city, state, Zip: _____

_____ OPTION # 2 – Credit Card Payments (For authorization to be complete, indicate if card is a credit or debit card.)

Visa (Debit) _____ (Credit) _____ M/C (Debit) _____ (Credit) _____ Discover (Debit) _____ (Credit) _____

Name on Card _____

Credit Card Number: _____ Expiration Date _____

Cardholder statement address: _____

Section IV. E-Billing Option: To receive your statement electronically and receive a \$1.00 discount, provide your email address below, a daytime phone number and signature.

E-MAIL: _____ Phone _____ Signature _____

Authorized Signature ** By signing this form, I authorize Millington Cable, Inc. to process as completed above, a monthly automatic draft or charge to pay for monthly charges and billed services on my Millington Cable account. I understand should my account receive 2 declined payments within a 12 month period I will forfeit the use of this service automatically and without notice. Reinstatement of this service will be considered only under the discretion of Millington Cable, Inc. This authorization will remain in effect until I provide written notice revoking this authorization at least 10 days prior to the 15th of the current month.

Signature: X _____ Date: _____

Printed Name: X _____ Office use only: Entered _____ Date _____

