



Start Date: \_\_\_\_\_  
Clerk's Initials: \_\_\_\_\_

### Automatic Payment Authorization Form

- Service:**
- Cable Television
  - Internet
  - Movie
  - Child Development Center
  - RV Storage \_\_\_\_\_

#### Cardholder Info

**Name:** \_\_\_\_\_ (print exactly as name appears on card) \_\_\_\_\_ (last 4 of SSN)

**Billing Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Est. PCS Date:** \_\_\_\_\_

#### Card Info

**Bank Issuer:** \_\_\_\_\_ Visa

**Card Number:** \_\_\_\_\_ Mastercard

**Expiration Date:** \_\_\_\_\_ Debit

**Charge Amount:** \$ \_\_\_\_\_

#### Student Info

**School Attending:** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_

**Barracks/Room:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTE: You must complete a Cancellation of Service Form to discontinue Autopay.** \_\_\_\_\_  
(initial)