



AUTOMATIC BANK COLLECT
Authorization Agreement for Automatic Payment (Debits)

I (we) hereby authorize LNE Communications, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called "Financial Institution", to debit the same to such account.

This authorization is for the purpose of Telephone/Cable TV/Internet billing and I understand that amounts may vary and authorize payments in the amount of the current balance on listed account.

Funds will be withdrawn on the 10th of each month. If the 10th falls on a weekend, funds may be withdrawn the next business day.

Financial Institution Name **City, State, Zip**

Routing Number **Account Number***

Type of Account* (Select One): **Checking** **Savings**

This authority is to remain in full force and effect until Company has received written notification from me (us) of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Name (*Please Print*) E-mail Address (*if needed for notification*)

Signature Date

Name (*if joint account – using the term "and"*)

Signature Date

Please attach a copy of or a voided check for account number verification.

These numbers are located on the bottom of your check as follows:

