

# Authorization Agreement for Electronic Funds Transfers



Please complete all information requested on this form and print. Sign and attach a voided check. Please return this form to:

Quality Cablevision  
PO Box 7  
New Paris, IN 46553

I, \_\_\_\_\_, hereby authorize Quality Cablevision (QC) to initiate electronic fund transfers from the account indicated below for the monthly payment due for cable service. This authority is to begin on the \_\_\_/\_\_\_/\_\_\_ and remain in full effect until QC either:

- Receives written notification from me with a minimum of 30 days advance notice.
- Or
- My service account has been disconnected and has reached a balance of zero (\$0.00).

I understand that, if at any time an electronic transfer is refused (e.g. for insufficient funds), a fee of twenty-five dollars (\$25.00) will be charged to my service account.

Account Information:

Financial Institution Name: \_\_\_\_\_

Financial Institution Phone #: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account Type:  Checking /  Savings

Maximum Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Street Address/ Apt #: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

QC Account #: \_\_\_\_\_ - \_\_\_\_\_ (Format: 99-999999)

QC will withdraw the funds on or around the 26<sup>th</sup> of each month. A bill will be sent by mail around the 1<sup>st</sup> of the month. This will inform you of the exact date and amount that will be withdrawn.