

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 26th of each month. A bill will still be sent by mail on the 1st of the month, this is to inform you of the exact date and amount that will be withdrawn.