

SAVE TIME. SAVE MONEY. SIGN UP FOR AUTOPAY TODAY.

Choose one of these easy setup options:

- **Call your local office and speak to a customer service representative**
- **Complete the form on back and return it with your invoice. AutoPay will start with the next billing cycle.**

Autopay options:

- Checking account auto draft
- MasterCard & Visa



www.northlandcabletv.com

AUTOPAY REQUEST

Customer name _____

Account # _____

Phone # _____

DRAFT CHECKING

Checking Acct. # _____

Routing # _____

Financial institution _____

CREDIT CARD

MasterCard Visa

Credit card # _____ - _____ - _____ - _____

Expiration Date ____ - ____

I (We) hereby authorize Northland Cable Television to electronically deduct, on a monthly basis, on or about the fifth (5th) day of each month*, any and all fees due for all monthly services received and selected by me (us). I (We) hereby authorize the financial institution named or credit card to accept and post these transactions to my (our) account. I (We) further authorize Northland Cable Television to adjust said transactions to reflect any changes to the monthly service fees due. This authorization will remain in effect until I (we) provide written notice to Northland Cable Television requesting termination. I (We) understand that notice of cancellation will require a minimum of two (2) weeks prior written notice. Please note, you will not receive notifications prior to the draft date. Further, we reserve the right to cancel this service if any draft is returned for insufficient funds.

Signature _____ Date _____