

# AUTOMATIC PAYMENT AGREEMENT

## **Account Information**

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

## **Credit Card Information**

Circle One:                      Visa      or      MasterCard

Print Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

V-Code\*: \_\_\_\_\_

*\*This is a 3-digit number in the signature line on the back of your card.*

I authorize Pend Oreille Telephone Company to charge my Bank card or Credit card as indicated above.

I, further agree to notify Pend Oreille Telephone Company of any changes to my bank or credit card account (ex. New account, new expiration date, lost or stolen card).

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