

**What is EZ Pay with automatic check withdrawal?**

Your cable bill is paid automatically through a checking account by electronic check.

**How does it work?**

Complete the authorization form below and return it to the **Carbondale office at the address above** via mail, walk in or fax. **PA** customers have their payment processed on the **10<sup>th</sup>** of each month and **NY** customers have their payment processed on the **16<sup>th</sup>** of each month. (Sorry, we are not able to customize the payment date). If the process date falls on a Sat., Sun., or holiday, payments will be processed on the next business day.

**Will I still receive a monthly statement?**

Yes, it should state **AUTO PAID**. This lets you know the amount that will be deducted from your checking account that month. You do not need to send a payment. However, it is the customer's responsibility to ensure the payment processed.

**What if I change my mind?**

You may cancel your EZ Pay option by notifying us in writing.

**When does it take effect?**

Once the form is received in our office, the account will be set up for EZ Pay and the first payment will process on the next scheduled EZ Pay process date. (see above)

\*\*\*\*\*

**Authorization for Automatic Check Withdrawal**

I authorize Adams Cable Service to initiate a deduction from my bank account, identified below, for payment of my Adams Cable bill each month. I authorize the financial institution identified by the routing number below to accept and post this entry to my account. I represent that I am the owner and/or authorized signer on the account.

I understand that it is my responsibility to ensure the information listed on this form is correct and that sufficient funds are in my account at the time of the scheduled deduction each month. I also understand that any services I receive from Adams Cable Service may be disconnected if there are insufficient funds in my account to cover the payment. A \$25 returned check fee will be added to my cable account for any transactions unpaid for any reason.

Name \_\_\_\_\_ Cable Account Number \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_

Checking Account Number \_\_\_\_\_

\_\_\_\_\_  
 Signature(Bank Account Holder)

\_\_\_\_\_  
 Date

.....  
 (Office use Only) 10/28/19

Date Received \_\_\_\_\_ Initials \_\_\_\_\_

First payment to Process \_\_\_\_\_