

Authorization Form Direct Debit of Account

Name _____ SSN # _____
Last First Middle

Check Applicable Election:

- New Participant** - Complete and sign this form. Attach a voided check for each account or a deposit slip if account does not use a check.
- Change of Account and/or Financial Institution** - Complete and sign this form. Attach a voided check for new checking account or deposit slip for new savings account.
- Cancel Participation** - Sign this form.

Select Primary Account:

Checking Account # _____ Savings Acct # _____
Bank Routing/Transit # _____ Payment Period Once monthly before due date
Dollar amount to be debited per payment period: \$ Amount Due
Financial Institution _____
City and State _____

Authorization Statement:

I hereby authorize Hamilton County Communications, Inc. and the financial institution above to debit my account electronically or charge my credit card each payment period. This authority will remain in effect until I have signed a new authorization, or upon cancellation of participation. I (we) agree to fully comply with all aspects of U.S. law.

Signature

Date

Cancellation:

In order to properly cancel this authorization, you must notify _____
at the following address:

YOU ARE ENTITLED TO RECEIVE A COPY OF THIS COMPLETED AUTHORIZATION.

In order to start receiving paperless billing, please fill out the following:

Preferred Email Address: _____

Birthdate: _____

Please choose **ONE** of the following security questions and provide the answer:

What is your favorite food? _____ What is your high school mascot? _____

What is your pet's name? _____ Name of town your father was born? _____