

**AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAYMENT**

**Company Name** Florida Cable Inc. **Customer ID Number** \_\_\_\_\_

I (we) hereby authorize **Florida Cable, Inc.**, hereinafter called COMPANY, to initiate debit entries to my (our) \_\_\_\_\_ Checking, (Includes NOW, or sharedraft) or, \_\_\_\_\_ Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit my account for payment of my bill.

**DEPOSITORY NAME** \_\_\_\_\_ **BRANCH** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE/ZIP** \_\_\_\_\_  
**TRANSIT/ABA NO.** \_\_\_\_\_ **ACCOUNT NO.** \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time as to allow COMPANY and DEPOSITORY a reasonable opportunity to act on my request.

**NAME(S)** \_\_\_\_\_ **NAME (S)** \_\_\_\_\_  
(Please print)

**DATE** \_\_\_\_\_ **SIGNED x** \_\_\_\_\_ **SIGNED x** \_\_\_\_\_

Keep the top portion of the form for your records. Detach the bottom portion of the form and return it along with a voided check to:

**FLORIDA CABLE, INC.**  
**PO BOX 498**  
**ASTOR, FL 32102**

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