

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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TRANSIT/ABA NO. _____ **ACCOUNT NO.** _____

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NAME(S) _____ **NAME (S)** _____
(Please print)

DATE _____ **SIGNED x** _____ **SIGNED x** _____