__NEW Authorization $_____ Balance __CHANGE Existing __Reinstate __ Suspend __END _____Date Received at CSi

CABLE SERVICES, inc
PO Box 1995
Jamestown, ND 58402
www.CSiCable.com

CSi Direct Payment Authorization

With E-Mail Pre-Notification

▶ *Direct Payment will pay for what Cable Customer?*

Name on Account _____ CSi Account # _____

Service Address _____ Social Sec # _____
(For Identification Only)

City, State, Zip _____

Daytime Phone # _____ Alternate Phone # _____

▶ *Direct Pay will come from what bank account?*

Bank Name _____ Bank City, State, Zip _____

Name(s) on Bank Account _____

If different from Cable Account Name specify relationship _____

Account Type? ☐ Checking ☐ Savings

Do Not take information from Deposit Slip!

Bank Routing # _____

Check Account # _____

ATTACH VOIDED CHECK OR COPY OF Check

I hereby authorize Cable Services, Inc. to initiate debit transaction entries to my Checking/Savings account as indicated above. I understand that this authorization will be for the total amount due each month, in favor of Cable Services, Inc, for it's services. I understand that this amount will be deducted from my account on or after the 1st of each month. I understand that this authorization will be in effect until I notify Cable Services and my financial institution (if applicable) in writing that I no longer desire this service, allowing reasonable time for action on my notification. I understand non-payment due to insufficient funds in my account will be processed by my financial institution and Cable Services, Inc in the same manner as an insufficient funds check, and that I may be charged an insufficient funds processing fee by both. This debit will be stopped upon termination of this service.

Signature for Authorization X_____ Date _____

Please Print Pre-Notification **E-Mail** _____ Phone _____
(On 20th you will receive e-mail notice of amount to be taken from your account on 5th) (If Different from Customer Phone)

▶ Mail this form & voided check to Cable Services ◀
▶ PO Box 1995, Jamestown ND 58402-1995 ◀

Office Use Only

Edit: ☐ HP=ACH BF= ☐ NBF or (☐ EMB • Add Eml ☐ BEM) • CrDetail: ☐ BNKacct# ☐ AutoPay Type= ☐ ACC or ☐ ACS ☐ BNKcode ☐ Ctype=BNK
If payer info different from cable customer info: Comments=Direct Payer Name; Address; Phone; Relationship; E-mail • ☐ BTA ••• Date_____ by _____

Printed Nov 2018