



**www.lcionline.com**  
**888-248-8886**  
 cable@lindseycom.com

# Auto Draft Form



159

**Please Print**

_____	_____	(_____)_____
First Name	Last Name	Telephone w/area code (Required)
_____ Clark Ln.	_____	<u>Columbia</u>
Address	Apt #	City
		<u>MO</u>
		State
		<u>65202</u>
		Zip Code

## THIS SIDE FOR CREDIT CARD DRAFT ONLY!

**Please Check One:**

Visa

MasterCard

Card No.: \_\_\_\_\_

**Must** attach copy of front of card.

Expiration Date: \_\_\_\_\_

Name(s) on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

### CREDIT CARD PAYMENT AUTHORIZATION

By signing below, I (We) hereby authorize Lindsey Communications, Inc. and First Security Bank to process my (our) service charge(s) by way of my (our) credit card account indicated below. I (we) understand Lindsey Communications, Inc. will automatically charge my (our) credit card on the 10th of each month until this authorization is withdrawn. My (Our) signature below also indicates my (our) acknowledgement that it is my (our) responsibility to update Lindsey Communications, Inc. at such time as my (our) credit card expiration date changes or any other changes which would result in nonpayment or a delay in payment to Lindsey Communications, Inc. by my (our) credit card provider. I (We) understand that nothing contained in this Authorization shall serve to reduce my (our) obligation to pay for the services provided me (us) by Lindsey Communications, Inc. and that these services may be disconnected upon rejection of payment by my credit card account provider.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Address	Apt #	City	State	Zip Code

## **THIS SIDE FOR BANK ACCOUNT DRAFT ONLY!**

Checking      Acct No.: \_\_\_\_\_      **Must** attach voided check.

Savings      Acct No.: \_\_\_\_\_      **Must** attach voided deposit slip.

### **AUTHORIZATION FOR AUTOMATIC PAYMENT**

I (We) hereby authorize Lindsey Communications, Inc. and First Security Bank to initiate debit entries, and to initiate, if necessary, credit entries and adjustments for any debits in error, against my (our) checking or savings account indicated below and further authorize the financial institution to accept and honor the same and charge it to my (our) account. This authority will remain in effect until I (we) notify Lindsey Communications, Inc. in writing of its termination in such time as to afford Lindsey Communications, Inc., First Security Bank, and my financial institution a reasonable opportunity to act on it. I (we) further authorize Lindsey Communications, Inc. to debit my (our) account for fees Lindsey Communications, Inc. or First Security Bank levies because of returned or unaccepted bank drafts or payment orders in an amount as allowed by law. (Ark. Code Ann. Sec. 5-37-302 allows a \$25.00 service charge.) I (We) understand that nothing contained in this Authorization shall serve to reduce my (our) obligation to pay for the services provided me (us) by Lindsey Communications, Inc. and that these services may be disconnected should I (we) fail to have sufficient funds in my (our) designated account to cover the cost of these services.

I (We) acknowledge the right to stop payment of a draft by my (our) financial institution by notification to the financial institution prior to its charging my (our) account. I (we) further acknowledge that after the account has been charged, I (we) have the right to have the amount of an erroneous debit immediately credited to this account up to 15 days following issuance of my (our) financial institution's statement or 45 days after posting, whichever occurs first.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH CHECK/DEPOSIT SLIP HERE**  
**Please DO NOT cover above information**