



Auto Draft Form



www.lcionline.com

888-248-8886

cable@lindseycom.com

126

Please Print

_____	_____	(____)_____
First Name	Last Name	Telephone w/area code (Required)
<u>147 Links Dr.</u>	_____	<u>Canton</u> <u>MS</u> <u>39046</u>
Address	Apt #	City State Zip Code

THIS SIDE FOR BANK ACCOUNT DRAFT ONLY!

<input type="checkbox"/>	Checking	Acct No.: _____	Must attach voided check.
<input type="checkbox"/>	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: _____



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147 Links Dr.	_____	Canton	MS	39046
Address	Apt #	City	State	Zip Code

THIS SIDE FOR CREDIT CARD DRAFT ONLY!

Please Check One:

Card No.: _____

Must attach copy of front of card.

Expiration Date: _____

Visa

Name(s) on Card: _____

MasterCard

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: _____