

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

To authorize automatic payment for your Cal-Ore bill, please fill out the form below and return it to us by mail, fax, or drop it by one of our offices. ***Please Do Not Email this kind of Personal Information.***

I (we) hereby authorize Cal-Ore Communications Inc. to initiate debit entries to my (our) Checking Account Saving Account, Credit Card (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of all transactions to my (our) account must comply with the provisions of U.S. law.

Depository (If from a checking account, please provide a voided check):

Name(s) _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Credit/Debit (Circle One) Card Number _____ Name on Card _____

Visa, MasterCard, Discover (Circle One) Expiration Date _____ CVV2 (Found on Back of Card) _____

This authorization is to remain in full force and in effect until Cal-Ore Communications Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Cal-Ore Communications Inc. and DEPOSITORY a reasonable opportunity to act on it. Only the undersigned may change this agreement.

The account will be paid in full every month on the 10th or next business day.

Effective Date: _____

Name(s) _____ Account Number _____

Address _____ City _____ State _____ Zip _____

Contact or Cell Number _____ Email _____

Date _____ Signature _____

Date _____ Signature _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Attention – Funds availability fee of \$25.00 if at the time we debit your account and the funds are not available.

Agreement is subject to change at our discretion and upon proper notification.
More than one insufficient fund may result in termination of this auto pay privilege.

Office Use Only

Date _____ CSR Signature _____