



AUTOMATIC PAYMENT AUTHORIZATION

I hereby authorize the amount of my GRM Networks/LTC Networks/SCC Networks bill to be paid by automatic deduction each month.

Please pay my telephone bill using one of the following:

*Bank Deduction

***Bank payments will be deducted from customer bank accounts on or around the 10th of each month (date may vary slightly due to holidays and weekends). Your Customer Service Representative will let you know what month your ACH will begin, depending on the date that this form is completed.**

Bank Name: _____

City: _____

Account Number: _____

(Please attach a voided check to this form)

**Credit or Debit Card Payment

****Credit card payments will be set up to process on the 5th or 15th of each month.**

Please select which day you would like your credit card payment to be processed:

5th OR 15th

 Discover Card Number: _____

 Visa Card Number: _____

 Master card Number: _____

Expiration Date: _____

CVS number: _____ (3-digit number on the back of the card)

Name printed on card: _____

Customer Credit Card Billing Address: _____

Signature: _____

Account Number: _____

Date: _____