



AUTOMATIC PAYMENT AUTHORIZATION

I hereby authorize the amount of my LTC 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).**

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: _____

Telephone Number: _____ Today's Date: _____