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## **AUTOMATIC PAYMENT AUTHORIZATION**

I hereby authorize the amount of my 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 25<sup>th</sup> 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 1<sup>st</sup> or 20<sup>th</sup> of each month.**

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

**1<sup>st</sup>**     **OR**      **20<sup>th</sup>**

 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: \_\_\_\_\_