



Credit Card Automatic Payment Authorization

Customer Name	Daytime Phone
Street Address	Mailing Address (If Different)

HCC Account Number:

HCC Billing Number:

Credit Card Type: Visa

MasterCard

Discover

Credit Card Company:

Credit Card Number: _____ Exp Date: _____

CVV2 Number _____

(3-digit # that follows the credit card number on back of card)

Cardholder's Name:

I authorize Hood Canal Communications to charge to this account such funds as are required to fulfill my obligation as such may vary from month to month. Hood Canal Communications shall not be liable for any loss incurred through failure to make such payments under this authorization. If a draft is rejected, Hood Canal Communications may assess a reject fee in addition to any late fee that may be due. This fee is in addition to any fee the financial institution may assess.

All withdrawals will be processed on the 5th of the month, and on that date every month thereafter in which a payment is due. Please allow 30 days to be effective.

Signature _____

Date _____