



Automatic Payment Authorization

Customer Name	Daytime Phone
Account Number	Customer Number

Financial Institution _____

City _____ State _____ Zip _____

Routing Number _____ Checking

Account Number _____ Savings

Automatic Payment Date 5th 10th (default) 15th

Attach a copy of voided check or savings deposit slip

I authorize Hood Canal Communications to draft from 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 by the above financial institution, 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 date indicated above, or on the 10th of each month if no date is selected, and on that date every month thereafter in which a payment is due.

Please allow up to two bill cycles for automatic payments to take effect.

I understand that I must assure that I have available funds in the Account referenced above on the business day prior to the Draft Date as the draft may occur at any time on the Draft Date, including prior to the time your financial institution opens for business.

I have read and understand the Automatic Payment Procedures.

Signature _____ Date _____