

## AUTHORIZATION FOR BANK DRAFT/CREDIT CARD CHARGE

I hereinafter called CUSTOMER, hereby authorize Pathwayz Communications, Inc. hereinafter called COMPANY, to deduct from my bank/credit card account below (and the Bank named below for bank drafts) the monthly amount of my communications services. The amount drafted or charged will be the amount billed unless COMPANY is notified of any disputed amount within ten days of receipt of bill.

This authority is to remain in full force and effect until COMPANY has received notification from CUSTOMER or authorizing party. Any termination or change will be enacted by COMPANY within a reasonable time, but not longer than three business days.

CUSTOMER NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

BILL CYCLE 1 / 15 CUSTOMER ACCOUNT NUMBER \_\_\_\_\_

### **BANK DRAFT INFORMATION:**

BANK NAME: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

Please attach a voided check to this authorization

### **CREDIT CARD INFORMATION:**

NAME ON CREDIT CARD: \_\_\_\_\_

As it appears on the card Ex : Jane Doe

**(MASTERCARD, VISA or DISCOVER)**

CREDIT CARD NUMBER (ONLY THE LAST 4): \_\_\_\_\_

\*\* A MEMBER OF OUR TEAM WILL CALL YOU FOR COMPLETE NUMBER \*\*

CREDIT CARD EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**AUTHORIZATION PERIOD (CHOOSE ONE):** AMOUNT TO BILL \$ \_\_\_\_\_

\_\_\_\_ MONTHLY or \_\_\_\_ ONE -TIME (\$10.00 charge applies for bank draft only)

SERVICES RECEIVED : \_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAIL TO:  
PATHWAYZ COMMUNICATIONS, INC.  
4176 CANYON DRIVE  
AMARILLO, TX 79109

OR FAX TO: 806-355-0511

### **FOR OFFICE USE ONLY:**

#### **For One Time Draft Only:**

Check Number: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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**Credit Card/Debit Card Amount:**

\$ \_\_\_\_\_

**Initials:** \_\_\_\_\_

