



NTCNET

Innovative Solutions Since 1913

NTCNet Customer Payment Authorization

I hereby authorize NTCNet to initiate electronic debit/charge of payments on the 10th or next business day, of the month from the account listed below. I acknowledge that the originations of ACH or Credit Card transactions to my account must comply with the provisions of the U.S. law. This authority will remain in effect until notification from me in writing of its termination in such time and in such manner as to afford NTCNet a reasonable opportunity to act on it.

Customer Signature: _____ Date: _____

Customer Name: _____ NTCNet Act # _____

Customer Telephone Number: _____

Bank Name: _____

Routing Transit #: _____

Checking Acct #: _____ (OR) Savings Acct #: _____
(Please attach a voided check.)

OR

Visa/Mastercard/Discover (circle) # _____ CVV 3 Digit Security Code _____

Name on Card _____ Expiration Date: _____

Credit Card Billing Address: _____

The automatic payment program will begin with your next statement. Please include your payment with this bill. A \$20.00 processing fee is charged for any draft on which a payment has been refused. Please return this form to: NTCNet PO Box 201, Newport, NY 13416, or fax to 315.845.8832 or email info@ntcnet.com.