



# NTCNET

Innovative Solutions Since 1913

## NTCNet Customer Payment Authorization

I hereby authorize NTCNet to initiate electronic debit/charge of payments on the 10<sup>th</sup> 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](mailto:info@ntcnet.com).