



## Automatic Payment Authorization

To sign up for our automatic bill payment plan, complete this authorization and return to the TVT Office. We regret that we are not able to extend this service to customers using foreign banks, investment banks, or money market accounts.

You will be mailed or emailed a statement monthly. Your payment will be deducted from your checking/savings account or charged to your credit/debit card on the 10<sup>th</sup> of each month. Your statement will also contain a message indicating the date your account will be debited. **As an incentive to use this convenient payment method, TVT will reduce your monthly charge by 2% as long as you remain enrolled.**

If your ACH payment is returned to TVT for any reason, a Returned Payment Processing Fee of \$20 will be assessed.

Authorization forms must be received at least 15 days before the next billing cycle to allow time for processing. If you change banks, you must complete a new authorization form.

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**CHECKING OR SAVINGS ACCOUNT DEBIT**

Name of Bank/Credit Union \_\_\_\_\_ Location \_\_\_\_\_  
City State

Checking/Savings Account Number \_\_\_\_\_ Bank Routing Number \_\_\_\_\_

**CREDIT/DEBIT CARD CHARGE**

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3-Digit Security Code (on back of card) \_\_\_\_\_  
(4-digit on front of card for AmEx)

I AUTHORIZE TAMARACK FOOD & BEVERAGE, LLC TO TRANSFER MY MONTHLY PAYMENT ON THE SCHEDULED DATES AS DESCRIBED ABOVE. THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL I HAVE GIVEN WRITTEN NOTIFICATION TO TERMINATE IT.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Mail To:  
Tamarack Video & Telecom  
PMB 3026  
311 Village Drive  
Tamarack, ID 83615

Fax To:  
805-303-2460