

# PRE-AUTHORIZATION FORM

For Recurring Payment with a Debit/Credit card  
or from a bank account



## Antietam

Cable Television, Inc.

I authorize Antietam Cable Television, Inc. to keep my signature on file and to charge my debit/credit card/bank account, on an ongoing basis, for the total amount billed on my most recent Antietam Cable Television statement. I understand that this authorization is valid indefinitely unless I cancel the authorization through written notice. I also agree to contact the merchant if there are any changes to my card information. If I wish to change this information, I will call Antietam Cable Television and request a new Pre-Authorization form.

**(Please complete the top section of the form below along with either the credit card or bank account section near the bottom. Please be sure to sign at the bottom)**

Type of account (circle one):

American Express

Visa

MasterCard

Discover

Checking

Savings

\_\_\_\_\_  
(cable account number)

\_\_\_\_\_  
(cable account name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(date to begin automatic payment)

\_\_\_\_\_  
(Account Name – Name listed on credit card or bank statement)

\_\_\_\_\_  
(Account Address – Address where credit card or bank statement is mailed)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Daytime Phone Number)

\_\_\_\_\_  
(Evening Phone Number)

**To use Debit/Credit Card fill out this section:**

**To use Bank Account fill out this section:**

\_\_\_\_\_  
(Card Account Number)

\_\_\_\_\_  
(Name of Bank)

\_\_\_\_\_  
(Expiration Date – Mo./Yr.)

\_\_\_\_\_  
(Bank Routing Number)

\_\_\_\_\_  
(Bank Account Number)

\_\_\_\_\_  
(Signature) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

**\*\*All payments will be posted to your account no more than 15 days after your billing date. Payments are generally posted on your due date or the next business day.**

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We Bring the World To Your Home

We are an equal opportunity employer