



Credit Card Payment Authorization Form

I authorize and agree to have my credit card company charge the amount of my monthly bill(s) listed below from the credit card account listed on this form and remit directly to MIDTEL. The amount to be charged, set forth on my monthly statement(s), shall be directly sent by MIDTEL to the Credit Card Company I identify. I understand and agree that MIDTEL is not liable in any way for erroneous bill statements or incorrect charges to my account and that should an error occur in the bill statements, MIDTEL's only responsibility is to correct it when and if it receives notice of the error. Customer's participation is subject to MIDTEL's approval. I understand that my Credit Card Company and MIDTEL reserve the right upon written notification, to terminate this payment option and/or my participation.

I understand that payment will be charged to the credit card specified on the 10th of the month, or the next business day following the 10th of the month. I understand my application cannot be processed without page two of this form completed, including the Cardholder's signature. I will notify MIDTEL if I change credit card companies or upon the issuance of a new expiration date for the credit card account specified. I understand MIDTEL may be contacting me should the expiration date on the credit card specified on this form be approaching expiration. **I understand that if at anytime I decide to discontinue the credit card payment option, I must notify MIDTEL in writing.** I understand this authorization remains in force and effect until MIDTEL has received written notification of its termination in such time and manner as to afford MIDTEL and my Credit Card Company a reasonable opportunity to act on it. I understand that a single charge will appear on my credit card statement each month showing the sum of all MIDTEL accounts authorized to pay in this manner; this includes the accounts listed below as well as other accounts listed on other Authorization Forms using this same credit card account. I realize that if any account number(s) listed on this form changes, this authorization will remain in effect for the new account number(s). **I understand in any given month, if payment cannot be collected due to availability of my credit line, I will be contacted and it is my responsibility to remit payment by other means by the "Payment Due Date" specified on my bill.**

By signing this form, you agree to the terms listed herein.

MIDTEL Account Information

Please list all accounts you wished to be paid by Credit Card. Be sure to include the exact name each account is billed under.

Account Number: _____ Type of Bill (Phone, Cable, Internet): _____

Name Account Listed Under: _____

Account Number: _____ Type of Bill (Phone, Cable, Internet): _____

Name Account Listed Under: _____

Account Number: _____ Type of Bill (Phone, Cable, Internet): _____

Name Account Listed Under: _____

* If you have additional accounts with us, please list them on a separate sheet of paper. (Over, please)

Credit Card Account Information

Type of Credit Card:



Credit Card Number: _____

Expiration Date: _____ Security Code: _____

House # _____ Zip Code: _____

Daytime Telephone Number: _____

Card Holder Name (Please Print): _____

Signature of Cardholder: _____ Date: _____



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