

AUTOMATIC PAYMENT PLAN AUTHORIZATION
Community Internet Service

I (we) hereby authorize Community Internet Service (CIS), Hull, Iowa to initiate debit entries and adjustments for any credit entries in error to my (our) account at the financial institution listed below for payment of my monthly internet service bills on the first date of each month.

I understand that three or more payments in a 12-month period resulting in overdraft of my account may result in termination of the Automatic Payment Plan. This authorization will remain in effect until CIS has received written notification from me of its termination in such time and manner as to afford CIS and my financial institution a reasonable time to act on it.

(Financial Institution Name)

(Address)

(Routing & Transit Number)

(Account Number)

(Start Date)

Checking / Savings
(Account Type – Circle One)

(Recipient Signature)

(Date)

(Please attach a voided check or financial institution account verification letter to this form)