

Account Name: _____

Account Number: _____

Automatic Payment from Bank Account (monthly)

(payment will process on the 15th of each month for amount due)

Account Type: Checking Savings

Bank Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

**Please attach a voided check
or savings withdrawal slip for
the account you would like the
payment deducted from.**

Credit Card Payment

Monthly Recurring *(processed on the 15th of each
month for the amount due)*

One-Time Payment *(payment will process upon
receipt for amount due)*

 Visa Mastercard Discover

Card Number: _____ Exp. Date: _____

CVV#: _____ Amount (if one-time): \$ _____

Name on Card: _____



I (we) authorize CL Tel to charge my (our) credit card or initiate debit entries to my (our) account indicated above and the depository to debit same to such account. For monthly recurring payments, this authority is to remain in full force and effect until CL Tel receives written notification from me (or either of us) of its termination.

Signature: _____ **Date:** _____