Carr Communications, Inc., Automatic Bill Payment Authorization

By signing this form you authorize Carr Communications, Inc., to automatically debit your specified account for the amount due on your monthly billing statement.
Upon receipt of completed form Carr will process the request on the next full billing cycle. Processing of monthly payment will take place on or near the 20th of each month.

CARR ACCOUNT #: (_ _ _) _ _ _ - _ _ _ _ Located in upper right corner on billing stmt.

PLEASE CHOOSE THE TYPE OF ACCOUNT BELOW THAT WILL BE DEBITED.

NOTE: A $2.00 PER TRANSACTION PROCESSING FEE WILL APPLY WHEN USING A CREDIT or DEBIT CARD. THE SERVICE IS **FREE** WHEN USING CHECKING OR SAVINGS ACCOUNTS.

CHECKING ☐ SAVINGS ☐

BANK NAME / DEPOSITORY: _____

ROUTING NUMBER OF BANK: _ _ _ _ _ _ _ _ _ ACCOUNT NUMBER: _____

CREDIT CARD ☐ DEBIT CARD ☐

A PROCESSING FEE OF $2.00 PER TRANSACTION WILL BE ADDED TO YOUR ACCOUNT

CREDIT CARD NUMBER: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ EXPIRATION: _____

MAILING ADDRESS AS IT APPEARS ON THE CREDIT CARD STATEMENT:

_____ _____ _____
STREET ADDRESS CITY / STATE ZIP CODE

NAME on Account: _____
PLEASE PRINT

I hereby authorize Carr Communications to debit my account.
This authority is to remain in effect until written notice to cancel has been received by both Carr Communications and Depository if applicable.

SIGNATURE: _____DATE: _____

RETURN COMPLETED FORM TO:
FAX: 231-898-3900 OR

Carr Communications, Inc
P.O. Box 100
4325 S Masten Rd
Branch MI 49402