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: THE SERVICE IS **FREE** WHEN USING CHECKING OR SAVINGS ACCOUNTS.

CHECKING ☒ SAVINGS ☒

BANK NAME / DEPOSITORY: _____

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

CUSTOMER MAILING ADDRESS:

_____ _____ _____
STREET ADDRESS CITY / STATE ZIP CODE

NAME on Account: _____
PLEASE PRINT

Email Address (if available) _____

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
Attn.: Tammy
4325 S Masten Rd
Branch MI 49402