



CABLE SERVICES, inc
 PO Box 1995
 Jamestown, ND 58402
 www.CSiCable.com

**CSi Direct Payment
 Authorization**
 With E-Mail Pre-Notification

► **Direct Payment will pay for what Cable Customer?**

Name on Account _____ CSi Account # _____
 Service Address _____ Social Sec # _____
 (For Identification Only)
 City, State, Zip _____
 Daytime Phone # _____ Alternate Phone # _____

► **Direct Payment will come from what bank account?**

Bank Name _____ Bank City, State, Zip _____
 Name(s) on Bank Account _____

If different from Cable Account Name specify relationship _____

Account Type? Checking Savings

Do Not take information from Deposit Slip!

Bank Routing # _____
 Check Account # _____



**PLEASE ATTACH
 A VOIDED CHECK**

9-Digit Bank
 Routing Number

Checking Account
 Number

I hereby authorize Cable Services, Inc. to initiate debit transaction entries to my Checking/Savings account as indicated above. I understand that this authorization will be for the total amount due each month, in favor of Cable Services, Inc, for it's services. I understand that this amount will be deducted from my account on or after the 1st of each month. I understand that this authorization will be in effect until I notify Cable Services and my financial institution (if applicable) in writing that I no longer desire this service, allowing reasonable time for action on my notification. I understand non-payment due to insufficient funds in my account will be processed by my financial institution and Cable Services, Inc in the same manner as an insufficient funds check, and that I may be charged an insufficient funds processing fee by both. This debit will be stopped upon termination of this service.

Signature for Authorization _____ Date _____

Pre-Notification E-Mail _____ Phone _____
 (On 20th will send e-mail notice of amount to be taken from your account on 5th) (If Different from Customer Phone)

► **Mail this form & voided check to Cable Services** ◀
 ► **PO Box 1995, Jamestown ND 58402-1995** ◀

Office Use Only

Edit: HP=ACH BF= NBF or (EMB • Add Eml BEM) • CrDetail: BNKacct# AutoPay Type= ACC or ACS BNKcode Ctype=BNK
 If payer info different from cable customer info: Comments=Direct Payer Name; Address; Phone; Relationship; E-mail • BTA ... Date _____ by _____