

\_\_NEW Authorization \_\_Balance \_\_CHANGE Existing \_\_Reinstate \_\_Suspend \_\_END \_\_\_\_\_Date



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 Pay 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 # \_\_\_\_\_



**ATTACH VOIDED CHECK  
OR COPY OF 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 X \_\_\_\_\_ Date \_\_\_\_\_

Pre-Notification E-Mail \_\_\_\_\_ Phone \_\_\_\_\_  
(On 20th you will receive 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 \_\_\_\_\_