



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

**CSi E-Bill
 Authorization**
Replaces Snail-Mail Postcard

**It's EASY! All you need is a valid E-mail address, a computer with Adobe Acrobat Reader to see the bill, and a printer to print it out!
 Then return the bottom part with you payment thru the mail, in one of our drop boxes, or in person.**

• E-Bill is for what Cable Customer?

Name on Account _____ CSi Account # _____
 Service Address _____ Social Sec # _____
(For Identification Only)
 City _____ State ____ Zip _____
 Daytime Phone # _____ Alt. E-mail _____

• Send the E-Bill to... Billing E-mail _____

I hereby authorize Cable Services, Inc. to stop sending a paper bill through the mail and instead electronically transmit my monthly CSi Bill to the billing e-mail address indicated above. I understand that this authorization will be in effect until I notify Cable Services that I no longer desire this method of bill delivery, allowing reasonable time for action on my notification. I will promptly notify CSi E-Bill department of any change in the billing E-mail address listed. I understand E-Bill delivery will revert to U.S. Postal Service delivery in the event that the billing E-mail address listed above is no longer valid and the E-Bill bounces. Failure to receive or read the E-Bill does not relieve me from the financial obligation to pay amounts due, including late charges. Discontinuing internet service does not automatically trigger a change in the billing method, and I will need to contact the E-Billing department.

Signature for Authorization _____ Date _____

• If person receiving E-Bill is not Cable Customer above, fill in below.

Name _____ Phone # _____
 Address _____ Alt E-mail _____
 City _____ State ____ Zip _____

• Sign and mail this form to address listed above •

Office Use Only

Edit: HP=NAP BF= EMB • Ph: Add BEM •

If payer info different from cable customer info: BTA=Payer Name, Address • Notes=Phone, E-mail, Relationship