

# KANSAS BROADBAND INTERNET AUTHORIZATION FOR AUTOMATIC PAYMENT

Name on Internet Account: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**COMPLETE ONE OF THE FOLLOWING OPTIONS:**

**Credit / Debit Card for Automatic Payment**

Name as it appears on the Credit / Debit Card: \_\_\_\_\_

Credit / Debit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CSV: \_\_\_\_\_ Visa MasterCard Discover AmEx

**Bank Account for Automatic Payment**

Checking Account #: \_\_\_\_\_ -OR- Savings Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Financial Institution Branch City: \_\_\_\_\_ State: \_\_\_\_\_

\*\*\*\*\*

CURRENT dollar amount to be debited on an automatic monthly basis\*: \$ \_\_\_\_\_

\*This amount is subject to change if customer upgrades or downgrades their monthly plan.

**Automatic Payment will be withdrawn on the 1<sup>st</sup> of each month, even if the 1<sup>st</sup> is on a weekend.**

**AUTHORIZATION STATEMENT:**

I, \_\_\_\_\_, authorize Kansas Broadband Internet, Inc. and the financial institution above to debit my account electronically or charge my credit card for each payment period. This authority will remain in effect until I have signed a new authorization, or upon cancellation of participation. I (we) agree to fully comply with all aspects of U.S. Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
KBI Rep. Initials

**Mail to: Kansas Broadband Internet, Inc.  
PO Box 2221  
Salina, KS 67402-2221**

**Contact Billing: 785-825-0199  
billing@ksbroadband.net**

You are entitled to receive a copy of this completed authorization. A PDF of this form will automatically be sent to your email upon completion.

Please initial here if you request a paper copy of this Authorization Form be mailed to the billing address listed above. \_\_\_\_\_