

**KANSAS BROADBAND INTERNET  
AUTHORIZATION FORM  
DIRECT DEBIT OF ACCOUNT**

Name On Internet Account: \_\_\_\_\_

Is the billing address for the Bank Account/Credit Card the same as your home address? Yes or No  
If no, Please fill out the following information:

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

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

**Check Applicable Selection:**

New Participant; complete and sign this form. Attach a voided check or deposit slip if account does not use a check.

I approve this as a **ONE TIME CHARGE ONLY!**

Update information

**Select Primary account for ACH:**

Checking Account #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

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

Financial Institution: \_\_\_\_\_

City and State: \_\_\_\_\_

**Credit / Debit Card Automatic Payment**

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

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

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

Dollar amount to be debited on an automatic monthly basis: \$ \_\_\_\_\_ or One time only: \$ \_\_\_\_\_

Automatic Payment will be withdrawn on the first business day of each month.

**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 Initial

**CANCELLATION:**

In order to properly cancel this authorization, you must notify us in writing at:

**Kansas Broadband Internet, Inc., PO Box 2221, Salina, KS 67402-2221, Fax: 785-825-1157**

YOU ARE ENTITLED TO RECEIVE A COPY OF THIS COMPLETED AUTHORIZATION.

Please initial here if you request a copy of this Authorization Form. \_\_\_\_\_