



What is EZ Pay with automatic check withdrawal?

Your cable bill is paid automatically through a checking account by electronic check.

How does it work?

Complete the authorization form below and return it to the office via mail or walk in. (No faxes please). After signing up for this payment option, your cable bill is paid automatically each month with an electronic check. PA customers have their payment processed on the 10th of each month and NY customers have their payment processed on the 16th of each month.(Sorry, we are not able to customize the payment date). If the process date falls on a Sat., Sun., or holiday, payments will be processed on the next business day.

Will I still receive a monthly statement?

Yes, it should state DO NOT PAY. This lets you know the amount that will be deducted from your checking account that month. You do not need to send a payment.

What if I change my mind?

You may cancel your EZ Pay option by notifying us in writing. Accounts with digital services are **required** to be set up for EZ Pay.

When does it take effect?

Once the form is received in our office, the account will be set up for EZ Pay and the first payment will process either on the 10th or 16th of the month.

Authorization for Automatic Check Withdrawal

I authorize Adams Cable Service to initiate a deduction from my bank account, identified below, for payment of my Adams Cable bill each month. I authorize the financial institution identified by the routing number below to accept and post this entry to my account. I represent that I am the owner and/or authorized signer on the account.

I understand that it is my responsibility to ensure the information listed on this form is correct and that sufficient funds are in my account at the time of the scheduled deduction each month. I also understand that any services I receive from Adams Cable Service may be disconnected if there are insufficient funds in my account to cover the payment. A \$25 returned check fee may be added to my cable account for transactions returned unpaid.

Name _____ Cable Account Number _____

Address _____ Phone Number _____

Bank Name _____ Routing Number _____

Checking Account Number _____

Signature(Account Holder)

Date

**** Please mail completed form back to 19 North Main Street, Carbondale, PA 18407 ****

(Office use Only)

Date Received _____ Initials _____

First payment to Process _____