



427 N. Broadway St., P.O. Box 1298

Joshua TX, 76058

Credit Card Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started.

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, or Discover card. You will be charged each billing period for the total amount due for that period.

Please complete the information below:

- I _____ authorize Pathway Com-Tel, Inc. to process a charge to my credit card at any time that my balance is due for services rendered at the end of my normal billing period.
- I _____ authorize Pathway Com-Tel, Inc. to keep my credit card indicated below on file and to be drafted only when authorized by card holder.
- I _____ authorize Pathway Com-Tel, Inc. to process a charge to my credit card for the balance owed, in the event my account is suspended or disconnected, for services rendered and/or any outstanding equipment not returned to Pathway (cable boxes, routers, modems...etc.).

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV (3 digit number on back of card) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.