

Date: \_\_\_\_\_

## Authorization Agreement for Bank or Credit Card Debiting

If you would like to enjoy the convenience of automatic billing, simply complete either the Bank or Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically debit your bank account or credit card the appropriate amount indicated on your monthly bill on the due date. You may cancel this automatic billing authorization at any time through written notification. Please allow up to 30 days for processing enrollment forms and cancellation notices.

### Customer Information (To be completed by Customer)

Customer name: \_\_\_\_\_ Customer Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_

I (we) hereby authorize Quadvest, L.P. to initiate debit entries to my (our)  Checking  Savings or  Credit Card indicated below the appropriate monthly amount due for my (our) utility service on the due date. I also understand that this automatic billing will continue until written cancellation is provided to Quadvest. Please note due dates are pre-set.

Month to begin: \_\_\_\_\_

Customer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Credit Card Information

Credit Card Type:  Visa  Mastercard  Discover Credit Card Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Address and Zip Code: \_\_\_\_\_  
(as shown on credit card) (credit card billing address)

CSI (Security Code): \_\_\_\_\_

### Banking Information

Bank Type:  Checking  Savings **\*Must include a Voided check to process**  
Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

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

Route No.: \_\_\_\_\_ Bank Account No: \_\_\_\_\_