

# Pre-Authorized Payment Form

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cable Cable Account #: \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby authorize Cable Cable Inc. to debit the balance owing on my Cable Cable account from the bank account disclosed below on the third business day of each month.

Either I, or Cable Cable may cancel authorization at any time by providing notification to the other party stipulating the date of cancellation.

I agree to notify Cable Cable Inc. immediately in the event of any changes to my bank account.

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

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

*For joint accounts where more than one signature is required, please have all holders sign.*

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

Branch #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Location: \_\_\_\_\_

**\*\*Please attach a copy of your bank's Pre-Authorized Payment Form\*\***

**Cable Cable Inc.**