



PHONE: 541-504-6600 | FAX: 541-504-6609 | MAIL: PO BOX 1595 REDMOND, OR 97756

## AUTOMATIC FUNDS TRANSFER AUTHORIZATION FORM

I do hereby authorize Community Broadband to withdraw funds monthly from the bank account shown below. The withdrawal will be the date shown on your bill. This authorization is to remain in effect until Community Broadband receives written notice (via mail or fax) from me terminating the authorization for Automatic Funds Transfer. In addition, I have the right to discontinue participation in the AFT program by notification in writing to Community Broadband at least 7 business days prior to the due date of the payment. I will still be responsible for payment of my bill by the due date. I understand, however that both the Financial Institution and Community Broadband reserves the right to terminate this payment plan or my participation.

Community Broadband will charge a fee for all transactions resulting in insufficient/unavailable funds depending on the amount of the check. Note: The Financial Institution may also charge for payments returned from the bank for insufficient/unavailable funds.

New Account

Stop Account

Change Account

Customer Registration Number:

Account Name:

Service Address:

Contact Phone Number:

Bank Routing Number:

Bank Account Number:

Bank Name:

Bank Street Address:

Bank City / State / Zip Code:

Print Name:

Date:

Signature:

**PLEASE ATTACH A VOIDED CHECK**