

airband™ AutoPay Program

1. Complete **all items below**
2. Complete **either the Credit Card or Bank Draft** information to the right.
3. **Fax** form to **866-308-5977**

airBand account #: _____

Contact: _____

Phone Number: _____

E-mail Address: _____

This form will be kept on file and shall remain in effect until specifically revoked in writing. It is the responsibility of the individual/company named herein to provide written notification to the airBand Accounting Department if a credit card has been canceled or revoked or the listed bank account has been closed, and to file an updated autoPay Program Authorization Form when modification of any of the above information is necessary, including modification of the expiration date when a credit card is renewed. In the event a charge against this account is denied, you will be notified immediately to make payment in cash, money order, or certified check. Failure to take immediate action could result in the suspension of services. Any abuse of this privilege may result in your removal from program and suspension of services.

Credit Card Authorization

Visa MasterCard
 American Express

Name: _____
(Your name exactly as it appears on credit card)

Billing Address of Credit Card:

Card Number# _____

Expiration Date: ____/____/____

Monthly recurring: \$ _____

AND / OR

One-time amount: \$ _____
(Amount of charge may vary by sales taxes, etc.)

I hereby authorize airBand Communications, Inc., or its agents, to charge the credit card account number listed above for Internet and related service charges, per my current Service Agreement. In the event of an overpayment to my account, I grant airBand Communications, Inc. the right to make an adjusting entry to my account.

Signature: _____

Date: ____/____/____

Bank Draft Authorization

Checking Savings Credit Union

Bank Name: _____

Bank Address: _____

Bank Transit/ABA Number: _____

Account Name: _____

Account Number: _____

Monthly recurring: \$ _____

AND / OR

One-time amount: \$ _____
(Amount of charge may vary by sales taxes, etc.)

I hereby authorize airBand Communications, Inc. to initiate credit entries, to the account and depository indicated above, for Internet and related service charges, per my current Service Agreement. In the event of an overpayment to my account, I grant airBand Communications, Inc. the right to make an adjusting entry to my account.

Signature: _____

Date: ____/____/____