



**AUTO BILL PAY ENROLLMENT FORM –
Recurring Credit, Debit and E-Check**

You can choose to auto-pay your bill on a recurring basis with a credit/debit card or directly from your bank (e-check / bank draft).

Customer Information:

Name: _____

Street Address: _____

City / State / Zip: _____

Daytime Phone #: _____ E-mail: _____

Credit Card Option:

Type: Credit ____ Debit ____

Card (circle one): VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ CVV Code: _____ (3 digit # on back of card)

Name on Credit Card: _____

Cardholder Billing Street Address: _____

Cardholder City, State and Zip: _____

E-Check / Bank Draft Option:

Financial Institution (Name of Bank): _____

Bank Address: _____

Type of Account: Checking ____ Savings ____

Bank Routing / Transit Number: _____ Account Number: _____

I hereby authorize Hayneville Fiber Transport, Inc. d/b/a/ Camellia Communications, or Hayneville Telephone Company, Inc. to deduct my monthly billing from the account. I understand that when I sign this authorization, monthly telephone service payments and any miscellaneous charges will be deducted from the above account on the 10th of each month. I understand also, that if the 10th of the month falls on a weekend or holiday; processing of this payment will occur on the next business day. Also, I understand that if my payment is denied, I will be charged a \$30 fee. When I am notified, either verbally or by letter, of my transaction being denied, I agree to make the payment with cash or money order within two business days.

Cardholder or Account Holder Signature

Date