

Camellia Communications Auto Bill Pay Enrollment Form



You can choose to auto-pay your bill on a recurring basis with a credit 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 (check 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: _____

City: _____ State: _____ 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 _____