



Thank you for requesting Auto Pay. Each month on or after your due date, your bank account which you have chosen will be debited. Should your due date fall on a weekend or banking holiday, your account will be debited on the next business day.

Please fill out the form on the next page and mail, fax or scan back to our office.

Mailing address:

Summit Digital
PO Box 465
Portland, MI 48875

Fax number:

231-908-0039

Email Address:

pcoleman@summitdigital.us

If at any time you would like to discontinue Auto Pay, please notify our office in writing five days prior to your due date to cancel this service.

Thank you,

Summit Digital
Billing Department

Summit Digital
PO Box 465
Portland, MI 48875
888-600-5040



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: **SUMMIT DIGITAL/WBOK**

I (we) hereby authorize Summit Digital and WBOK, hereinafter called COMPANY, to initiate debit entries to my (our) checking ___ / savings ___ account (select one) indicated below and the depository named below hereinafter called DEPOSITORY, to debit same to such account.

DEPOSITORY NAME (bank name) _____

Branch Address (city, state) _____

ROUTING# _____

ACCOUNT# _____

___ I prefer to have my payment deducted on the 15th of the month prior to service and no paper billings.

___ I prefer to have my payment deducted on the 1st of the service month and continue to receive paper billings.

This authority is to remain in full force and effect until COMPANY has received written notification (within 5 business days of debit) from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act upon it.

NAME (s) _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

DATE: _____

SIGNED: _____