



**AUTHORIZATION TO PAY
INTER-COUNTY CABLE COMPANY**

NAME ON ACCOUNT: _____

TELEPHONE NUMBER: _____

BANK NAME & BANK'S PHYSICAL STREET ADDRESS: (Not the Bank's Post Office Box #)

CABLE ACCOUNT NUMBER: (Office will put this in if this is a new account) _____

CHECKING ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

PLEASE PROVIDE A VOIDED CHECK FOR US TO KEEP ON FILE

Payment will come out between the 4th – the 9th of the month

I authorize you to pay and to charge my checking account the amount of any Cable Bill and to make that deduction payable to the order of the Inter-County Cable Company. In making this authorization, I agree to all the terms of the paragraph below.

Signature: _____ Date: _____

I hereby authorize the Inter-County Cable Company of Brooklyn, IA to pay my monthly cable bill by charging each payment to my account. I agree that each payment shall be the same as if it were an instrument personally signed by me in writing. In addition, I have the right to stop payment of the charge by timely notification to the Inter-County Cable Company prior to charging my account. I understand, however, that both the Bank and the Inter-County Cable Company reserve the right to terminate this payment plan, (or my participation therein). In the event that there is not enough funds in my account to pay the bill, it is considered an insufficient fund check and will be charged the rate at such time.

RETURN THIS FORM TO
INTER-COUNTY CABLE COMPANY
P O BOX 578, BROOKLYN, IA 52211-0578