AUTOPAY FORM

Name on Account:
Account #:
Phone #:

Please fill in the information for the option you choose:

Automatic Credit Card Payment Authorization		
I hereby authorize **Project Mutual Telephone** to automatically process my monthly service billing by way of my credit card, until written notification to the contrary is given. I understand that the automatic payment will be processed on the 10th of each month for the full amount due at the time of processing.		
Credit Card type (please check one): ☐ Visa	☐ Discover	☐ MasterCard
Card #:	Exp Date:	
Name on Card:		
Credit Card Issuing Bank or Financial Institution:		
Cardholder Signature:	Date:	

Automatic Bank Debit Authorization	
I hereby authorize **Project Mutual Telephone** to automatically process my monthly service billing by way of debit entry to the specified bank account below, until written notification to the contrary is given. I understand that the automatic debit will be processed on the 10th of each month for the full amount due at the time of processing.	
Bank account type (please check one): ☐ Checking ☐ Savings	
Bank Name:	Bank Phone #:
Routing #:	Account #:
Name on Account:	
Authorized Signature:	Date:
NOTE: Include a voided check from your checking account (Do not send a deposit slip or temporary check)	

_____ **Continue to pay your monthly statement as usual until you receive one saying "AutoPay"**
(Customer Initials)

*Both options will process on the 10th of the month or the following normal business day.
*If a payment is declined by your financial institution you will be notified by PMT within two business days and will be expected to provide an alternate payment by the 20th of the month. Non-payment will result in a $25 NSF fee and/or disconnection of services.