



OFFICE COPY   
CUSTOMER COPY

RECURRING CREDIT CARD AND ACH PAYMENT AUTHORIZATION

Date: \_\_\_\_\_  
BartNet Acct #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Monthly Service: \$ \_\_\_\_\_

I hereby authorize BartNet IP to initiate debit entries and to initiate, if necessary, credit and other adjustment entries to my account. My monthly service fee will be made by automatic payment from this account on the first of every month unless otherwise stated. I understand that there may be a \$25.00 service charge in addition to any fees my bank may make on a payment that does not clear. I also understand that any charge returned unpaid will immediately put my account on hold or may terminate my access to the internet services.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit/Debit Card:** \_\_\_\_\_ Visa, \_\_\_\_\_ Mastercard, \_\_\_\_\_ Discover, \_\_\_\_\_ American Express  
Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Billing Address if different from above: \_\_\_\_\_

**ACH Payment:** \_\_\_\_\_ Checking Account, \_\_\_\_\_ Savings Account  
Name on Account: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Bank City/State: \_\_\_\_\_  
Bank Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Recurring Monthly Credit Card Billing Authorization - Monthly Service is charged the 1st of each month  
*Semi-Annual & Annual billing offered at discounted rates. Call or email the office for details.*