

# Automatic Payment Authorization

Please complete the ACH OR Debit/Credit payment information **along with** the authorization section.

## **ACH CUSTOMERS:**

Please send a voided check or savings deposit slip with this authorization. Your ACH payment will be made 10 days after the bill issue date.

**Checking/Savings Account Number:** \_\_\_\_\_  
Routing Number of Financial Institution \_\_\_\_\_  
Name & Address of Financial Institution \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*It may take up to 3 weeks from receipt of authorization for the ACH process to be completed.

## **DEBIT/CREDIT CARD CUSTOMERS:**

Send this form to the above address. Your payment will be made within 10 days of the due date.

Name as shown on card \_\_\_\_\_  
Please circle type: **Visa MC Amex Discover** Exp Date: \_\_\_\_\_  
Card Number \_\_\_\_\_

## **AUTHORIZATION**

I (we) authorize Pronet, LLC to initiate entries to my (our) account as described on this form. This authority remains in full effect until Pronet, LLC receives a written notification from you/account holder of termination, in such time and manner that Pronet has reasonable opportunity to respond to the request.

Signature:

\_\_\_\_\_  
Full Name:

\_\_\_\_\_  
Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Pronet account number \_\_\_\_\_

---