



Recurring Payment Authorization Form

Schedule your monthly payment to be automatically deducted from your bank account or credit/debit card. Just complete and sign this form to get started!

REQUIRED CUSTOMER INFORMATION

Customer Name(s): _____
 Service Address (including City/State/Zip/County): _____

 Email Address: _____
 Phone Number(s): _____

Bank Account		Credit/Debit Card	
Checking	Savings	VISA	MasterCard
Personal Acct	Business Acct	AMEX	Discover
Name on Acct: _____		Name on card: _____	
Address on file with financial institution: _____ _____		Address on file with Credit Card Company/Bank: _____ _____	
Bank Name: _____		Card #: _____	
Account Number: _____		Expiration Date: _____	
Routing Number: _____		Code on back of card: _____	
Bank City & State: _____			
Bank Phone Number: _____			



A receipt for each payment will be emailed to the customer and the charges will appear on the customers bank statement or credit card statement monthly. I authorize Star Communications LLC to deduct my monthly charges on the 25th of each month from the account information listed above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Star Communications LLC of any changes to my account information at least 7 days prior to my next billing date. If the payment date falls on a weekend or holiday, I understand that payments may be executed on the next business day. For ACH debits to my account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic dates. In the case of the ACH transaction being rejected for NSF I understand that I will be charged a \$50.00 NSF fee and I understand that Star Communications will attempt to process the charge again within 5 days with the additional \$50.00 NSF fee included in the 2nd ACH attempt. In the case of credit/debit transaction being rejected for any reason I understand that I will be charged a \$10.00 decline fee. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my credit card company or bank; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____