

# RECURRING PAYMENT AUTHORIZATION FORM

This is a copy of our company's auto pay form. If you would like to enjoy the convenience of automatic recurring billing, simply complete this form below to it's entirety, print it and sign. All information IS REQUIRED. Upon approval, we will automatically bill your credit or debit card for the amount indicated on this form and your total charges will appear on your monthly credit card statement. Once autopay is started all bills will be emailed from that point on, a paper bill will not be mailed. Auto payments are always deducted from your card on the 25th of every month, **PRIOR** to invoices being printed on the 1st. The reason for that is because if a card expires or a card gets declined for any reason it has time to alert us so a paper bill gets mailed out on the 1st with all of the other printed invoices. For example on 01/25/2017 your invoice amount would be deducted from your credit or debit card and that will be for your 2/1/2017 invoice. You may cancel this automatic billing authorization at any time by contacting us.

customer merchant

<b>CUSTOMER INFORMATION</b>	<b>* = REQUIRED</b>
*Customer or Company: _____	
*Contact Name/Secondary Contact Name: _____	
*Service Address: _____	
*Email Address: _____	
*Phone: (____) _____	
<b>PAYMENT INFORMATION</b>	
I authorize <b>STAR COMMUNICATIONS LLC.</b> to automatically bill the card below as specified	
Product/Service Description: <b>INTERNET/ IP SERVICES</b>	
*Recurring Amount: \$ _____	
Frequency: <input type="checkbox"/> ONCE <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> YEARLY	
Start on:    ____ / <b>25</b> / <b>20</b> End on:    ____ / ____ / ____	
<div style="display: flex; justify-content: space-between; width: 100%;"> <span>Month          Day          Year</span> <span>Month          Day          Year</span> </div>	
<input checked="" type="checkbox"/> No end date	

<b>CREDIT CARD INFORMATION</b>
*Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
*Card number: _____ *Expires: _____ / _____
*3 or 4 digit code from the backside of card: _____ *Cardholder billing ZIP Code: _____
*Cardholder Name as shown on card: _____
*Cardholder billing address if it differs from service address: _____
<input checked="" type="checkbox"/> NOTIFY ME VIA EMAIL WHEN MY CREDIT CARD IS CHARGED. (PLEASE ENSURE EMAIL ADDRESS ABOVE IS CORRECT.)
_____
*Customer Signature <span style="float: right;">*Date</span>