



## Automatic Draft Agreement

I hereby authorize Deltacom to automatically draft my bank/credit card account on a monthly basis for services rendered. The monthly draft will occur within 14 days after the customer's billing cycle. Written notification must be received by Deltacom ten business days prior to next month's billing in order to cancel this agreement.

### PLEASE PRINT ALL INFORMATION

Customer Name:

\_\_\_\_\_  
(PRINT NAME AS IT APPEARS ON YOUR BILLING STATEMENT)

Deltacom Account #:

\_\_\_\_\_

Customer Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Please check one of the draft options listed below and complete the required fields.

CREDIT CARD DRAFT

BANK DRAFT

- VISA
- MASTERCARD
- DISCOVER

A voided check **MUST** be provided for checking.  
A voided deposit slip **MUST** be provided for savings.

\_\_\_\_\_  
(Credit Card Number)

\_\_\_\_\_  
(Bank Name)

\_\_\_\_\_  
(Expiration Date)

\_\_\_\_\_  
(Bank ABA Routing Number – Must be 9 digits)

\_\_\_\_\_  
(Zip Code as Listed on Credit Card Bill – 5 or 9 Digits)

\_\_\_\_\_  
(Bank Account Number)

Checking /  Savings  
\_\_\_\_\_  
(Bank Account Type, check one)

Note: This form must be completed in its entirety. Any incomplete forms will be returned unprocessed. All completed forms should be mailed/faxed to:

**Deltacom Inc**  
**Attn: Treasury – Auto Draft**  
**7037 Old Madison Pike Suite 400**  
**Huntsville, AL 35806**  
**Secure Fax Server: 256-264-9924**