



Autopay Credit Card Authorization Form

Monthly Bills will be sent out on the 1st and Payment will be Processed on 15th following bill cycle.

IF CREDIT CARD IS ALREADY ON FILE FOR DELTA ELECTRIC MBR SEP/ACCOUNT, YOU MUST USE SAME CARD OR CHOOSE BANK DRAFT. SYSTEM WILL NOT ALLOW MULTIPLE CREDIT CARDS FOR AUTO PAY UNDER ONE MEMBER.

SERVICE NAME IF DIFFERENT FROM BELOW: _____

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____ **3 digit Security Code:** _____

(3 digit code on the back of credit card/4 digit code on front of Amex Credit Card)

EMAIL ADDRESS (REQUIRED) _____

I _____ authorize DE LightSpeed to charge the monthly DE LightSpeed internet charges to my credit card provided herein on the due date of each month. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder - Print Name, Sign and Date Below:

Name: _____

Signed: _____

Dated: _____

I am the authorized user of this credit card and will not dispute the scheduled payments outlined above. I understand that this authorization will remain in effect until I cancel the agreement in writing. In addition, I agree to notify DE LightSpeed of any changes to my payment information at least 10 days prior to the next payment authorization monthly due date.

DE LIGHTSPEED
P.O. BOX 9399
GREENWOOD, MS 38930-8999



LightSpeed

DELTA FIBER LLC

Authorization Agreement for Bank Drafts

SERVICE NAME IF DIFFERENT FROM BELOW: _____

NAME: _____ PHONE NO.: _____

(As it appears on financial institution records.)

STREET OR P.O. BOX ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

FINANCIAL INSTITUTION NAME: _____

BRANCH NAME AND ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ROUTING NUMBER: _____

Type of Account: Checking Savings

ACCOUNT NUMBER: _____

I hereby authorize the financial institution named above to pay my monthly fiber bills by charging each payment to my account and to make that deduction payable to the order of DELTA FIBER LLC. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my financial institution prior to charging my account. I understand, however, that both the financial institution and Delta Fiber LLC reserve the right to terminate this payment plan (or my participation therein.)

DATE: _____ SIGNATURE: _____

NOTE: Please return this authorization and a VOIDED check on your account to:

DE LIGHTSPEED
P.O. BOX 9399
GREENWOOD, MS 38930-8999