



C.R.S.T. Telephone Authority

AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION

I authorize **C.R.S.T. Telephone Authority** to automatically charge my credit/debit card each month for my *total* monthly telephone bill. This charge will occur on the 10th of each month (or the following workday if the 10th falls on a weekend). I agree to notify **C.R.S.T. Telephone Authority** in writing if I wish to discontinue the automatic charge at least 30 days prior to cancellation.

Customer Information:

Name: _____

Address: _____

Telephone No. _____

Credit Card Information:

Credit Card Account Number: _____

Expiration Date: _____ / _____ V-Code Number _____
Month Year (3 digit number on back of credit/debit card)

Type of credit card: _____ Master Card _____ VISA _____ Discover

Cardholder Signature: _____

Date: _____