

Hassel Free bill payment!

Simply fill out the form below and return it to us and we'll do the rest.

You will still receive a monthly statement showing your account balance. We will automatically deduct the account balance from your checking or savings account.

Carr Communications, Inc., Automatic Bill Payment Authorization By signing this form you authorize Carr Communications, Inc., to automatically debit your specified account for the amount due on your monthly billing statement. Upon receipt of completed form Carr will process the request on the next full billing cycle. Processing of monthly payment will take place on or near the 20th of each month.

CARR ACCOUNT #: (____) ____ - _____ (located in upper right corner on billing stmt.)

Option # 1

PLEASE CHOOSE THE TYPE OF ACCOUNT BELOW THAT WILL BE DEBITED.

ACCOUNTS.	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>
BANK NAME / DEPOSITORY: _____		
ROUTING NUMBER OF BANK: _____		
ACCOUNT NUMBER: _____		
NAME ON ACCOUNT _____		
CUSTOMER MAILING ADDRESS: _____		
STREET ADDRESS CITY		
STATE ZIP CODE		
Email Address (if available) _____		

Option #2 Automatic Credit Card payment

Name on Card _____
 Card # _____ Exp Date _____ 3 digit code ____

I hereby authorize Carr Communications to debit my account. This authority is to remain in effect until written notice to cancel has been received by both Carr Communications and Depository if applicable.

SIGNATURE: _____ DATE: _____

RETURN COMPLETED FORM TO:
 Carr Communications, Inc
 4325 S Masten Rd.
 Branch, MI 49402

Fax 231-898-3900 Email Contact@carrinter.net