



Automatic Payment

Customer Information

Name (please print) _____ Customer Number _____

Address _____

City _____ State _____ Zip _____

Bank Account* - monthly deductions Checking Savings

Your Financial Institution _____

Branch _____ City _____

State _____ Zip _____

Account Number _____ Routing Number On Check (between the symbols I: I:)

Credit Card - monthly charge Visa Mastercard Discover AMEX

Credit Card Number _____ CVV Number (More Info) _____

Name On Card _____ Expiration Date _____

Card Billing Address _____

Terms: I authorize Knology, and the financial institution or credit card named above, to initiate entries to my checking, savings, or credit card account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution or credit card company a reasonable opportunity to act on it.

*You must attach a voided check for checking or deposit slip for savings.

Signature _____ Date _____