Mid-Coast • Texas Mid-Gulf • Bay City
CableVision
with WARPSPEED 1

Phone • Cable • Broadband

AUTHORIZATION AGREEMENT FOR AUTO DRAFT CHARGES

I authorize Cablevision and the financial institution named below to initiate charges to my checking/savings or credit card account ("Payment Account"). I understand that this authority must remain in effect during the entire term of my special pricing campaign. Thereafter, if I wish to cancel this feature I must notify you in writing in such time as to afford the financial institution and Cablevision a reasonable opportunity to act on it.

_____ _____ _____
Campaign Special Term Representative

☐ **Checking/Savings Account**

Checking/Savings Account No. _____ Routing No. _____

_____
Name of Financial Institution

_____
Address of Financial Institution (Street) (City) (St) (Zip Code)

☐ **Credit Card Account – Requires $2.49 processing fee per transaction**

_____
Type of Card Account No. Expiration Security

_____
Name of Financial Institution

By signature below, the account holder: 1) agrees he/she is the customer subscribing to CABLEVISION services and is responsible for the service account with CABLEVISION, 2) authorizes CABLEVISION to charge, and/or place a hold with respect to, the monthly balance on the service account ("Authorized Amounts") to the credit card or bank account provided ("Payment Account"), 3) authorizes CABLEVISION to charge to the Payment Account any and all unreturned equipment fees, cancellation fees, and/or back balances owed CABLEVISION ("Authorized Amounts"), 4) authorizes the issuer of the Payment Account to pay the Authorized Amounts without CABLEVISION submitting a signed receipt, and agrees that this Agreement is to be accepted as such authorization, 5) agrees to provide CABLEVISION with updated Payment Account information upon request and any time the information previously provided is no longer valid, 6) agrees that CABLEVISION will not have any liability whatsoever for any non-sufficient funds or other charges incurred as a result of such attempts to charge, and/or place holds on, the Payment Account, 7) agrees to all terms outlined in CABLEVISION Terms of Service Agreement, if applicable.

_____ _____
Account Holder Signature Date

_____ _____
Account Holder Name – Please Print Phone Number

_____
Account Billing Address – Please Print

Office Use: Customer Acct #: _____ Processed by: _____