Automatic Payment Authorization

Date: _____

I, _____ authorize Ukiah Wireless to charge my billing account listed below, starting on _____ and on the _____ day of each month for each month for the amount of $_____ for High Speed Internet Access.

My account information is as follows:

Credit Card Type □ Visa □ Mastercard □ Discover □ American Express
Credit Card Number - _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _ _ _ _
Name on Card
Expiration Date
CCV Code

This payment authorization is valid and to remain in effect unless I, _____ notify Ukiah Wireless of its cancellation by sending written notice by: email/mail

_____
Customer Name Printed

_____
Customer Signature

_____
Date

Please sign and return to:

Ukiah Wireless
307 S. Main St. Suite C
Ukiah, CA 95482