



Payment Options

Automatic Payment Plan

With the automatic payment plan, your bank or financial institution makes your payments directly to Cascade Communications Company on a monthly basis. All you need to do is give us some information and we will do the rest. You will continue to receive a monthly bill, but we will automatically handle your payment through your financial institution.

To sign up for this free service, please fill out the form and send it with your personalized voided check or copy of a voided check. The account must be current. If it is a joint account, both signatures are required on this application.

I (we) hereby authorize Cascade Communications Company to initiate debit entries to my (our) checking account indicated below and the depository (Bank) name below, hereinafter called DEPOSITORY (Bank), to debit the same to such account and if necessary, to make adjustments to the account for any entries made in error.

_____ Depository (Bank Name)			_____ Branch Name	
_____ Name (s) on Account			_____	
_____ City	_____ State	_____ Zip	_____ ABA/Transit No.	_____ Account No.
_____ Signature of Account Owner		_____ Date	_____ Signature of Joint Account Owner	
			_____ Date	

Automatic Credit Card Payment Plan

With the automatic credit card payment plan, your credit card will be charged on a monthly basis by Cascade Communications Company. All you need to do is give us some information and we will do the rest. You will continue to receive a monthly bill, but we will automatically handle your payment through your Credit Card Company.

To sign up for this free service, please fill out the form below. The account must be current. If it is a joint account, both signatures are required on this application.

I (we) hereby authorize Cascade Communications Company to deduct payments from my (our) credit card account indicated below and the Credit Card Company name below, hereinafter called the CREDIT CARD COMPANY, to deduct the same to such account and if necessary, to make adjustments to the account for any entries made in error.

_____ Cardholder Name		_____ Mastercard	_____ Visa	_____ Discover
_____ Credit Card Number		_____ Expiration Date	_____ 3 Digit Security Pin	
_____ Authorized Signature		_____ Date		