

Instructions to Sign Up:

1. Complete the form below. Tear off and put in envelope.
2. Enclose a blank voided check.
3. Mail or return envelope today.
4. Allow 30 days for processing.

AUTHORIZATION FOR E-Z PAY PLAN

For my benefit and convenience, you are hereby authorized to pay and charge my account for bills rendered by TSC provided there are sufficient funds in my account to pay said bills upon presentation. I agree to be bound by the financial institution's regular rules governing checking accounts.

On the 15th day of the month, send the amount of my telephone / television / internet bill to my financial institution.

Bank: _____

Signature: _____
(AS IT APPEARS ON YOUR CHECKS)

Address: _____ **City:** _____
(WHERE SERVICE IS USED)

Telephone Number: (Home) _____ **(Cell)** _____

TSC Account Number: _____

All ACH payments will appear on your statement to be pulled by Hanson Communications., Inc.

CHECK APPLICABLE: _____ TELEPHONE _____ TELEVISION _____ INTERNET _____ ALL