



# Automatic Payment Enrollment Form

Sunrise Communications, LLC offers two convenient options for Automatic Payment, a bank draft or debit/credit card. To enroll, simply complete the personal information and either the bank OR the credit card information section below and return the completed form to our office.

**Monthly bill statements will be mailed to you as usual showing the amount due but the payment coupon will show AUTO PAY on the payment stub. The payment will be deducted on the 5th day of each month.**

## PERSONAL INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Service Address \_\_\_\_\_  
Street City State Zip

Sunrise Account # \_\_\_\_\_

*Choose one option only:*

Option #1:

## AUTOMATIC BANK DRAFT INFORMATION a voided check or deposit ticket required

Financial Institution \_\_\_\_\_  
Name Branch/City State

Checking or Savings Account # \_\_\_\_\_  
\_\_\_\_\_ Checking \_\_\_\_\_ Savings

Routing # (9 digit number on bottom of your check) \_\_\_\_\_

Option #2:

## DEBIT or CREDIT CARD INFORMATION

Name as it appears on card \_\_\_\_\_

Address card is billed to \_\_\_\_\_  
Street City State Zip

Check one \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ CVV code \_\_\_\_\_  
Three digit code on back of card

I hereby authorize Sunrise Communications, LLC to deduct my Sunrise Communications, LLC cable/internet/telephone payment from my bank/credit union account or credit card listed above on the 5th day of the month of service. I acknowledge my responsibility to contact Sunrise to update the expiration date on my credit card or any changes to credit card or bank draft information. I agree that adjustments to correct errors are authorized and understand that a fee may be charged if my Auto Pay payment is declined. I understand that this authorization will remain in effect until (1) my signed and dated written notice of termination of Auto Pay is received by Sunrise Communications, LLC if I decide at any time to discontinue this service, and (2) payment of any and all final amounts due Sunrise.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***NOTE: Please continue to pay the amount due as usual by the due date on your bill until you see AUTO PAY on your billing statement. Allow 30 days for processing.***