Automatic Payment Authorization Form

You can pay your monthly Lackawaxen Telecommunications Services, Inc. (LTS) bill without writing a check, buying a stamp, or missing a due date. Simply complete the authorization form below. Upon approval, we will charge your payments directly to your checking or major credit card account. You will continue to receive a monthly statement from LTS, and your total charges will appear on your monthly bank or credit card statement. There is no charge for this service.

Auto deduct will be on the 17th of every month. If the 17th falls on a weekend or a holiday, payments will be deducted on the next business day.

(Please print and complete all sections of the form. Call for assistance.)

Authorization Agreement for Prearranged Payments

I hereby authorize my financial institution to charge the account I have specified on the form below for the amount of my monthly Lackawaxen Telecommunications Services, Inc. (LTS) bill and send that amount to LTS. I agree that each charge to my account shall be the same as if I had signed a check to pay my bill. This authority will remain in effect until I notify LTS otherwise. If I change the account number or financial institution specified, I will provide written authorization for the change to LTS. In addition, I have the right to stop payment of the charge by notifying my financial institution before the account is charged. I understand that both the financial institution and LTS reserve the right to terminate the payment plan and/or my participation therein.

Payment Pre-Authorization LTS Account#:

I authorize LTS, Inc. to keep my signature on file AND to charge my (Please Check One)

☐	Bank Checking Account#	ABA#	
	Bank Name:		
☐	Credit Card (check appropriate card)	☐ Visa	☐ Mastercard
	Card Number:	Expiration Date:	

Customer Name (as it appears on your bill)			Telephone Number
Address	City	State	Zip Code
Cardholder Name (if different from LTS account holder)			
Cardholder Address	City	State	Zip Code

_____ _____

Signature – I agree to the terms as stated above Date

Complete, detach, and return this form to:
Lackawaxen Telecommunications Services, Inc. 104 Hotel Road P.O. Box 8 Rowland, PA 18457-0008