

**Our Cable, LLC
2436 E. 117th Street
Burnsville, MN 55337
877-873-8715**

AUTHORIZATION FOR DIRECT PAYMENT (ACH DEBITS)

I (we) hereby authorize Our Cable, LLC., hereinafter called **COMPANY**, to initiate debit entries to my (our) **Checking** ____ **Savings** ____ (select one) indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit same from such account.

DEPOSITORY

NAME OF BANK: _____ **BRANCH:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TRANSIT/ABA NO.: _____ **ACCOUNT NO.:** _____
(Routing Number)

This authority is to remain in full force and effect until **COMPANY** and **DEPOSITORY** have received written notification from me (either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

CUSTOMER NAME(S): _____ **CABLE ACCT:** _____

DATE: _____ **SIGNED:** _____

INSTEAD OF FILLING OUT INFORMATION FOR DEPOSITORY, YOU MAY ATTACH VOIDED CHECK.

Thank you.

Please mail form back to:

Our Cable, LLC
2436 East 117th Street
Burnsville MN 55337
Phone 877-873-8715