

BANK DRAFT AUTHORIZATION

I hereby authorize ConnectNC, Inc. to automatically debit my account monthly at the bank indicated below for payment of web, technology and/or computer services.

Client Information		
Name/Company:	Primary Phone:	
Bank Name:	Checking Account Number:	
Address:	Bank Transit/Routing Number:	
City:	State:	Zip:
Start Date of Draft:	Amount Drafted:	

Terms of Service
<ul style="list-style-type: none"> • I understand that there will be a \$25.00 non-refundable processing fee for bank drafts that do not clear my bank for any reason in addition to any charges associated with my bank. I also authorize ConnectNC to electronically debit my account for all dishonored items plus processing fees. • I hereby agree that thirty (30) days written notice will be given to ConnectNC, Inc. prior to the discontinuance of my bank draft. Notification can be made through fax, postal or electronic mail. Written notice should be submitted to the following: <ul style="list-style-type: none"> ○ Fax Number – (910) 695-3168 ○ E-mail – billing@connectnc.net ○ Mail – ConnectNC Inc., Attn: Billing, 420 SW Broad Street, Southern Pines, NC, 28387. • I understand that I will be billed for all recurring services in addition to overages such as hours beyond any prepaid services. I can also view my statements online at www.connectnc.com under account management. • I understand that I am required to attach either a voided check or a deposit ticket to assist the bank with verifying my account and routing number. • Completed forms with voided check or deposit ticket should be submitted to ConnectNC via fax (910) 695-3168 or mail to ConnectNC, Inc., 420 SW Broad Street, Southern Pines, NC 28387. • I understand that by completing this form, I agree to the terms of service and processing fees associated with any bank drafts connected to my customer account with ConnectNC.

Client Signature		
Signature:	Name:	Date: