

WVNET Modem Account Billing Automatic Debit Authorization

Contact Information (* denotes mandatory field)

* User ID/Account ID
(i.e., abc00001) _____

*First Name _____ *Last Name _____

*Address

*City _____ *State _____ *Zip _____

*Phone _____

Email Address _____

Financial Institution Information

*Name of Financial Institution _____

*Address of Financial Institution

*Account Information

Please send a voided check with this form for verification of your account.

Amount to be billed >> \$16.95/month

Account holder's agreement:

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate debit entries and to initiate, if necessary credit entries as adjustments for any entries in error into my Checking account indicated above and the Financial Institution named above, hereinafter called DEPOSITORY, to credit the same any amount(s) owed to me by t State of West Virginia. This authority is to remain in full force and effect until STATE has received written notification from me of its termination in such time and in such manner as to afford STATE and DEPOSITORY a reasonable opportunity to act on it.

* Account Holder's Signature: _____

Date: _____

