



# AUTOMATIC PAYMENT PLAN

**Save time and effort each month with BEVCOMM's Automatic Payment Plan!**

BEVCOMM's Automatic Payment Plan deducts your bill payment automatically from your checking, savings, or credit/debit card account monthly. Your bill is paid on time, every month with secure, instant processing.

**Enjoy these great benefits when you enroll in AutoPay:**

- Secure, convenient, and FREE.
- Enrollment is simple and fast.
- Your payment posts almost immediately.

**How AutoPay works:**

- You authorize regularly scheduled payments to be deducted from a specified account.
- Payments are automatically transferred from your checking, savings, credit, or debit account monthly.
- You continue to receive monthly statements from BEVCOMM indicating the amount to be transferred from your specified account. Your bank or credit/debit card statement will reflect your payment and will appear on your next BEVCOMM statement.
- The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

## AUTHORIZATION FOR CHECKING OR SAVINGS ACCOUNT

▲ NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

▲ ADDRESS OF FINANCIAL INSTITUTION \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

▲ YOUR NAME—PLEASE PRINT \_\_\_\_\_

▲ YOUR ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

▲ YOUR PHONE NUMBER \_\_\_\_\_

▲ YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Account No. \_\_\_\_\_  Checking Account  Savings Account

Financial Institution  
Routing Number \_\_\_\_\_  
between these symbols | : | on the bottom left of your check

## AUTHORIZATION FOR CREDIT/DEBIT CARD ACCOUNT

▲ YOUR NAME—AS APPEARS ON CREDIT/DEBIT CARD \_\_\_\_\_

▲ YOUR ADDRESS—AS APPEARS ON DEBIT/CREDIT CARD \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF CREDIT/DEBIT CARD:  VISA  MasterCard  Discover  American Express

Credit/Debit Card No. \_\_\_\_\_ Card Exp. Date \_\_\_\_\_

Verification No. (CVV2, last three digits on back of card) \_\_\_\_\_

▲ YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

▲  
Bank Deduct Please Attach Voided Check Here

By signing I authorize BEVCOMM and the financial institution named above to initiate entries to my checking/savings or debit/credit card account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my statement or 60 days after posting, whichever occurs first.