



# Recurring Payment Plans

**Choptank Fiber offers two ways to arrange automatic payment of your internet account by using your financial institution OR Payment Card**

Mail: P.O. Box 386, Denton, MD 21629

Email: [autopay@choptankfiber.com](mailto:autopay@choptankfiber.com)

YES, I (we) agree to have this/these account(s) on Choptank Fiber's recurring payment plan as offered by Choptank Fiber. I hereby authorize Choptank Fiber to receive payment from my financial institution or from my credit card to make my internet payments from the account(s) listed below. The payment will show on your statement as "Choptank Electric."

I understand that I control my payments and, if at any time, I decide to discontinue this payment service, I MUST notify Choptank Fiber. Choptank Fiber will remove my account(s) from this plan by the next month's billing cycle. The monthly bill amount will be deducted from my account on or after the 20<sup>th</sup> day of the month.

I also understand, should I have three (3) returns on my account in a twelve (12) month period, that I will be removed from the program by Choptank Fiber.

### Bank or Credit Union Account

Name(s) (Please Print): \_\_\_\_\_

Choptank Fiber Account Number(s): \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please enclose a copy of a voided check.**

**OR**

### Payment Card (VISA, MasterCard, or American Express ONLY)

Name(s) (Please Print): \_\_\_\_\_

Choptank Fiber Account Number(s): \_\_\_\_\_

Payment Card #: \_\_\_\_\_

Payment Card type (circle): VISA MasterCard American Express Expiration Date: \_\_\_\_\_

**I am responsible for informing Choptank Fiber of my new expiration dates or if my card is stolen or compromised.**

Thank you for your participation in Choptank Fiber's recurring payment plans!