



180 S Cache | PO Box 3310  
Jackson, WY 83001

(307) 732-0900 | www.jhcompunet.com  
Form can be emailed to: billing@jhcompunet.com

# BILLING AUTHORIZATION FORM

(save yourself the \$1 paper fee each month when you have your invoices emailed with or without auto pay)

Name Home/Business Phone Cell/Alternate Phone

Billing Address City State Zip

Email Address

Email invoices only \_\_\_\_\_

## CREDIT/DEBIT CARD (We accept Visa, M/C, American Express, Discover)

Credit Card Number Expiration Date

Cardholder's Name Cardholders Zip Code

Payment Frequency:  Monthly  Quarterly  Semi-Annually  Annually

I authorize JH Compunet to automatically charge the card listed above, on the 1<sup>st</sup> of each month, for the amount of my monthly service.

Signature Date

## AUTOMATIC DEBIT (Please attach a VOIDED check)

Type of Account:  Checking Account  Savings Account

Financial Institution City State Zip

Routing Number Account Number

Payment Frequency:  Monthly  Quarterly  Semi-Annually  Annually

I authorize JH Compunet to automatically debit the account listed above, on the 1<sup>st</sup> of each month, for the amount of my monthly service.

Signature Date