



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 - Check Here** \_\_\_\_\_

### 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 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 for the amount of my monthly service.

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