



Automatic Payment Enrollment Form

Sunrise Communications, LLC offers two convenient options for Automatic Payment, a bank draft or debit/credit card. To enroll, simply complete the personal information and either the bank OR the credit card information section below and return the completed form to our office.

Monthly bill statements will be mailed to you as usual showing the amount due but the payment coupon will show AUTO PAY on the payment stub. The payment will be deducted on the 5th day of each month.

PERSONAL INFORMATION

Name _____ Phone _____

Mailing Address _____
Street City State Zip

Service Address _____
Street City State Zip

Sunrise Account # _____

Choose 1 option only:

Option #1: CHECKING OR SAVINGS ACCOUNT

BANK ACCOUNT INFORMATION

a voided check or deposit ticket required

Account Holder Name _____

Financial Institution _____
Name Branch/City State

Checking or Savings Account # _____
_____ Checking _____ Savings

Routing # (9 digit number on bottom of your check) _____

Option #2: CREDIT OR DEBIT CARD

CARD INFORMATION

Name as it appears on card _____

Address card is billed to _____

Street City State Zip
Check one _____ Visa _____ Mastercard _____ Discover _____ American Express

Credit Card # _____ Exp _____ CVV code _____

Seasonal Accounts Please check Auto Payment frequencies: _____ **Two Payments per year**
OR _____ **Monthly**

I hereby authorize Sunrise Communications, LLC to deduct my Sunrise Communications, LLC cable/internet/telephone payment from my bank/ credit union account or credit card listed above on the 5th day of the month of service. I acknowledge my responsibility to contact Sunrise to update the expiration date on my credit card or any changes to credit card or bank draft information. I agree that adjustments to correct errors are authorized and understand that a fee may be charged if my Auto Pay payment is declined. I understand that this authorization will remain in effect until (1) my signed and dated written notice of termination of Auto Pay is received by Sunrise Communications, LLC if I decide at any time to discontinue this service, and (2) payment of any and all final amounts due Sunrise.

Signature _____ Date _____

NOTE: Please continue to pay the amount due as usual by the due date on your bill until you see AUTO PAY on your billing statement. A confirmation of application approval will be mailed to you. Allow 30 days for processing.