



Kaptel Auto Debit Terms and Conditions

I certify that I am the holder of the bank account or credit card. I authorize Kaptel to automatically debit my checking, savings or credit card account each month in the amount that is due on my monthly Kaptel billing statement. If I am signing up for automatic payments using a credit card, Kaptel will accept Visa or MasterCard. Depending on the date of my installation, I understand that my automatic monthly payment will occur on the 10th of each month. I understand that my monthly charges for Kaptel service may vary and my monthly billing statement serves as the notice of any variance. My authorization applies to the bank account or credit card on file, as well as any updates or changes to that information that I provide to Kaptel. I understand that I can change or cancel my auto debit payments via Ebill (<https://kaptel.net/pages/paymybill>), phone (337-643-7171), or by mail (Kaptel, P.O. Box 369, Kaplan, LA 70548).

CREDIT/DEBIT NUMBER: _____

CVCODE (last three numbers on back of card) _____

EXPIRATION DATE: _____

CUSTOMER NAME: _____

ADDRESS: _____

Bank Name and Address _____

Bank Account Number _____

ACCOUNT NUMBERS TO BE PAID WITH DRAFT: _____

REACH TELEPHONE NUMBER: _____

****ATTACH VOIDED CHECK FOR PROPER BANK NUMBERS****

SIGNED: _____

DATE: _____

WITNESS: _____