

# CREDIT CARD PAYMENT

Please Select:  **Monthly Recurring:** Payment will process on the 15th of each month for amount due.

Estherville Comm. Account #: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Type of Card:  Visa  Mastercard  Discover

Name on Card: \_\_\_\_\_

CC Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Contact #: \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_

I (we) authorize Estherville Communications to charge my credit card. For monthly recurring payments, this authority is to remain in full force and effect until Estherville Communications receives written notification from me (or either of us) of its termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date