



## AUTOMATIC PAYMENT PLAN APPLICATION

**ALL INFORMATION IS REQUIRED IN ORDER TO PROCESS APPLICATION**

Name:

Mid-South Synergy Account Number:

Billing Address:

City:

State:

Zip Code:

Business #:

Fax #:

Home #:

Mobile #:

Pager #:

Other #:

**PLEASE SELECT EITHER BANK ACCOUNT DRAFT OR CREDIT CARD DRAFT**

Bank Account Draft  - Please Attach a "Voided" Check in the Bank Account Information Section

Credit Card Draft  - Please fill out the Credit Card Information Section only

### BANK ACCOUNT INFORMATION

**\*\*\*\* Please Attach A "Voided" Check Here In Order To Process Your Bank Account Draft Request \*\*\*\***

### CREDIT CARD INFORMATION

Type of Credit Card:    MasterCard             Visa             Discover             American Express

Credit Card Number:

Expiration Date:

Card Verification Value Code (CCV):

Credit Card Billing Zip Code:

**By Signing Below you agree to have your monthly bill amount automatically drafted in full each month using the above listed account. Additionally you agree that the above information is complete and accurate to the best of your knowledge.**

Customer Signature:

Date:

### MID-SOUTH SYNERGY USE ONLY

Completed By:

Date Entered: