AUTOMATIC BANK DRAFT - CREDIT AND DEBIT CARDS ONLY

CUSTOMER NAME _____ ACCOUNT NUMBER _____

SERVICE ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME PHONE NUMBER (_____)_____ EMAIL _____

Please fill out the information below and return via:

Mail: Lafayette Consolidated Government
Attn: Accounts Receivable
P. O. Box 4017-C, Lafayette, LA 70502

Fax: (337) 291-8899

AUTOMATIC CREDIT/DEBIT CARD AUTHORIZATION

NAME OF BANKING FACILITY _____

CREDIT/DEBIT CARD TYPE (CHECK ONE) VISA MASTERCARD DISCOVER

CREDIT/DEBIT CARD NUMBER _____ EXPIRATION DATE _____

NAME AS SHOWN ON CREDIT/DEBIT CARD (PLEASE PRINT) _____

I authorize LUS Fiber to initiate entries for payment of my telecommunications bill not more than one week before the due date. I understand that upon receipt of a draft charge back due to credit card misuse, LUS Fiber many cancel the drafting of my telecommunications bill and charge applicable fees.

_____

CUSTOMER SIGNATURE DATE

NOTE: If you wish to stop the automatic drafting of your account or if you have any changes in LUS Fiber account number, checking account number or change in banks, please report these changes immediately to the LCG Accounting Division by calling (337) 291-8223 in order to allow sufficient time to process these changes.