



**Automated Payment Service  
Authorization Form**

I authorize Highland Communications, LLC to automatically draft my checking account as noted below, for my monthly Highland Communications, LLC charges. I understand that this automatic draft will continue to recur each month for the amount of my bill. I may revoke this Automated Payment authorization at any time with thirty (30) days written notice to Highland Communications, LLC at the address identified above.

I also understand that I am responsible for ensuring that the necessary funds are available at the time the draft occurs. I will continue to be responsible for payment should anything prohibit regular payment in this matter.

---

*Signature of Account Holder*

*Date*

Please Print

---

*Account Name*

---

*Telephone Number*

Checking Account Draft

Please attach a blank voided check in order to set up a check account draft.

---

*Your Bank's Name*

---

*Your Bank's Address*

Retain a copy for your records.

Draft Date 14th of        each month

This institution is an equal opportunity provider and employer.