



Reoccurring Payment Authorization Form

Please fill out this form and send it to our office and we can automatically charge your credit card, debit card or PayPal account for your monthly service. If you do not wish to use this service, please disregard this sheet.

Customer Name: _____

Account Number: _____

Service Address: _____

Telephone Number: _____

Card Holder (name on card if different than above): _____

Credit Card #: _____

Expiration Date: _____

CVN # (3 digit # on the back of card): _____

Card Type (circle one): MasterCard Visa PayPal

E-mail Address (required for PayPal authorizations): _____

Signature (required): _____

Date: _____

Billing Address for Credit Card (if different than service address): _____

City: _____

State: _____

Zip Code: _____

I authorize DBS Cable to charge the card or debit card listed above for monthly payment of my cable bill. I understand that it is my responsibility to inform DBS Cable of any changes (ie credit card #, expiration date, etc.) and that I may discontinue this service by calling (877) 327-2225