



Mail To:
OrbitCom
1701 N. Louise Avenue
Sioux Falls, SD 57107

Automatic Bill Payment Plan

Customer Information:

OrbitCom Account Number: _____

Customer Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Direct Debit Authorization:

Financial Institution Name: _____

Type Of Account *Circle one* Checking Savings

Financial Institution's Routing / Transit Number: _____

Checking/Savings Account Number: _____

***Please Attach a voided check or deposit slip**

Credit Card Authorization:

Type of Card *Circle one* Visa MasterCard Discover

Name of Card: _____

Credit Card Number: _____ Expiration Date: _____

Billing Address: _____

Note: Authorized signature must match the name on the designated bank account or Credit Card.

I authorize OrbitCom, Inc. and the above listed financial institution to initiate variable entries to my checking, savings, or credit card account for the scheduled monthly payment of an amount based upon the OrbitCom, Inc. service I have requested. I understand that all charges on my monthly OrbitCom, Inc. statement will be debited from my direct deposit or credit card account listed above until such time as this agreement is terminated by the customer, financial institution, or OrbitCom, Inc..

Signature: _____ **Date** _____