

**Auto Pay from Connections, Etc.  
Authorization for Auto Pay Form**

I authorize Connections, Etc. to automatically withdraw from my checking or savings account (as noted below) for my monthly Connections, Etc. charges. I understand that this automatic withdrawal will continue to recur each month for the Amount Due in accordance with the terms of my service agreement with Connections, Etc. I may revoke this Auto Pay authorization at any time with thirty (30) days written notice to Connections, Etc. at the address below.

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

In order to establish automatic payment of your Connections, Etc. monthly bill:

1. Print this form
2. Complete the information
3. Attach a voided check from your desired bank account
4. Mail to:

Connections, Etc.  
Attn: Auto Pay  
PO Box 310  
Big Lake, MN 55309

**Please withdraw payment from my (check one):**

Checking Account

Savings Account

Full Name: \_\_\_\_\_ Connections, Etc. Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Bank Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Bank Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make sure you keep a copy of this form for your records!