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Automatic Payment Consent Form

Veopoint Internet collects payments for service using automatic bill pay. Monthly payments are automatically withdrawn each month (not before the 21st of each month) from your bank account or credit card. Please complete this form, and return either by mail OR emailing a scanned copy (see contact information above). NOTE: A cell phone picture will suffice as a scanned document if it is legible.

Customer Information

Name _____ Email Address _____
Account Number (find this on your bill) _____

Fill out one of the following options:

Charge my bank account (recommended)

**** Place a voided check from this account at the bottom of this form for scanning ****

Signature _____ Date _____

-OR-

Charge my debit / credit card

LAST FOUR DIGITS of Card Number: XXXX - XXXX - XXXX - ____ Expiration Date: ____ / ____

Type of Card: VISA MASTERCARD DISCOVER

Cardholder's Name: _____

Billing Street Address Number: _____

Billing Zip Code: _____

NOTE: For security, please call and provide your full credit card number over the phone to our billing personnel.

Signature _____ Date _____

Cardholder Signature (if different) _____

For the "Charge my bank account" option,
place a voided check from that account here before scanning or taking a picture.
This can also be the check from that account that you've enclosed to pay your bill.