

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: BOYCOM CABLEVISION, INC.

I (we) hereby authorize BOYCOM Cablevision, Inc, hereinafter called Company, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called Financial Institution, and to debit the same to such account, on an ongoing basis on the _____ day of each month , for the amounts I (we) owe. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Financial Institution Name: _____

Branch: _____ Address: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Name(s) _____

Cable Account Number: _____

Date: _____ Signature: _____

ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM HERE