



P.O. Box 429
Meadville, MS 39653
1-855-GET100X
FAX: 601-384-8420

WELCOME! Below is an Authorization form for Reoccurring Credit Card Draft. Please verify information listed, sign and date. Return to C Spire Fiber, P.O. Box 429, Meadville, MS 39653 or fax to 601-384-8420.
To protect your information, please do not email this form.

AUTHORIZATION TO PAY REOCCURRING MONTHLY BILLS BY CREDIT CARD

I hereby authorize C Spire Fiber to bill the credit card listed below for the monthly amount owned on my C Spire Fiber bill each month. This authority is to remain in full force until I cancel the authorization through written notice, at any time, by writing C Spire Fiber, P.O. Box 429, Meadville, MS 39653, thus disconnecting my account.

C Spire Fiber Account No.: _____

C Spire Fiber Account Name: _____

Cardholder Name: _____

(As appears on card)

Cardholder Billing Address: _____

City, State, and Zip: _____

Type: ___ Visa ___ MasterCard ___ AMEX

Credit Card Number: _____ CVV: _____

Telephone: _____

Expiration Date: _____

Cardholder Signature: _____

Date: _____