



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

AUTHORIZATION TO DRAW DRAFTS

I (we) hereby authorize C Spire Fiber to make arrangements with my (our) Bank to draw drafts against (our) checking account in payment of my (our) bill to C Spire Fiber. This authority is to remain in full force and effect until Company and Bank have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it.

Return to: C Spire Fiber, P.O. Box 429, Meadville, MS 39653 or FAX 601-384-8420.

To protect your information, please do not email this form.

C Spire Fiber Account No.: _____

C Spire Fiber Account Name: _____

Bank Name: _____

Bank Address: _____

Bank Routing & Transit Number: _____

Bank Account Number: _____

Type: Checking Savings

Bank Account Holder Name: _____

Signature: _____

If a checking account is selected, please attach a voided check and return with this form.

Checking Account – Signature above must be individual listed on check below.

Saving Account – Signature above must be of Bank Account Holder.

Place Voided Check Here