

ORBIT SYSTEMS, INC.
AUTOMATIC PAYMENT AUTHORIZATION

Please fill out the authorization below with your choice of payment option – either Electronic Funds Transfer or Automatic Credit Card / Debit Card Payment. You will continue to receive a utility bill each month for inspection only. Your account will be debited each month around the 10th of the month.
Return signed form and any additional information to:

Orbit Systems, Inc.
PO Box 956
Rosharon, TX 77583

ELECTRONIC FUNDS TRANSFER (EFT):

Phone Number: _____

I authorize Orbit Systems, Inc. to initiate variable monthly debit entries to my bank account. I agree to contact Orbit Systems, Inc. at least 30 days before the penalty date with any concerns to allow time for corrections.

____ **Please include a pre-printed voided check with this signed form.**

____ **Checking Account**

____ **Savings Account**

Signature: _____

OR

CREDIT CARD/DEBIT CARD PAYMENT:

Phone Number: _____

I authorize Orbit Systems, Inc. to initiate variable monthly debit entries to my credit card. I agree to contact Orbit Systems, Inc. at least 30 days before the expiration date to allow time to input updated information necessary into billing system.

This payment will be:

____ Monthly

____ One-Time

Type of Credit Card:

____ MasterCard

____ Visa

CVV (Security Code) _____

Credit Card Number _____ Expiration Date: Month _____ Year _____

Name on Credit Card: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Signature: _____
