WVNET Modem Account Billing
Automatic Debit Authorization

Contact Information (* denotes mandatory field)

* User ID/Account ID (i.e., abc00001) __________________________
* First Name __________________________ * Last Name __________________________
* Address __________________________

* City __________________________ * State _____ * Zip ________
* Phone __________________________

Email Address __________________________

Financial Institution Information

* Name of Financial Institution __________________________
* Address of Financial Institution __________________________

* Account Information Please send a voided check with this form for verification of your account.

Amount to be billed >> $16.95/month

Account holder's agreement: I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate debit entries and to initiate, if necessary credit entries as adjustments for any entries in error into my Checking account indicated above and the Financial Institution named above, hereinafter called DEPOSITORY, to credit the same any amount(s) owed to me by the State of West Virginia. This authority is to remain in full force and effect until STATE has received written notification from me of its termination in such time and in such manner as to afford STATE and DEPOSITORY a reasonable opportunity to act on it.

* Account Holder's Signature: __________________________

Date: __________________________

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