

PAYMENTS MADE EASY

Simply complete the information and Fax it to **(309) 693-7419**

Please note your Credit Card and/or Bank statements will say **“COMLINK / UNICALL”**

1. Pay Your Invoice By Credit Card:

Customer Number	Amount Due	Billing Cycle
		Monthly
Select CREDIT CARD - Card Type: VISA ____ MasterCard ____ Discover ____ AMEX ____		
Card Number _____ _____ _____ _____ Exp. Date: ____/____		
3 Digit Verification Code ____ (Last 3 digits of the number on the back of the card)		
Signature: x _____		
Customer Name: _____		
Cardholder Name: _____		
Cardholder Address: _____		

OR

2. Pay Your Invoice By Direct Debit to Your Checking Account:

To sign up, sign the authorization below and include a *VOIDED* Check.

I hereby authorize Cornerstone, as billing agent for COMLINK - UNICALL, to begin deducting services payments from my account in the institution shown on the attached VOIDED check. This authorization will remain in place until I notify you to cancel the automatic charge (at least 30 days notice required). I understand that I am responsible for having sufficient funds in my checking account to cover these payments.

Customer Name: _____ **Account Number:** _____
Customer Address: _____
Authorized Signature: x _____ **Date** _____

Billing Cycle (circle one): Monthly
Est. Amount of Each Bill: _____

___ **CHECK HERE IF YOU WOULD LIKE A COPY OF THE INVOICE MAILED TO YOU**