

## 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
		<b>Monthly</b>
Select CREDIT CARD - Card Type: VISA ____ MasterCard ____ Discover ____ AMEX ____		
Card Number _____   _____   _____   _____ Exp. Date: ____/____		
<b>3 Digit Verification Code</b> ____ (Last 3 digits of the number on the back of the card)		
<b>Signature: x</b> _____		
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**