

Payments Made Easy!

Recurring Billing Automatic Payment Application

Automatic payment is an easy and convenient way to make your muzak® services payments. By signing up for automatic payment, you will:

- Free yourself of check writing
- Stop worrying about checks being lost or delayed in the mail
- Have a record of payments on your bank statement
- Save postage and cost of checks
- Make payments even when you or your staff is out of the office.

To enroll in the automatic payment program, just fill out the information below for credit card or EFT payment and fax this form along with a copy of your invoice(s) and a voided check from your account (EFT only) to (615) 244-8960. You will then be contacted by a representative to confirm receipt of your application and your automatic payment start date.

Company Name: _____ Phone: _____

Physical Address(es) of Location(s) Applying: _____

Customer Number(s) (this can be found on your monthly bill in the box marked account number): _____

Bank Account Number: _____ (For EFT only)

Routing Number: _____ (For EFT only)

Credit Card Type: MasterCard Visa

Cardholder's Name: _____

Credit Card Number: _____

Expiration Date: _____

I authorize South Central A\V to charge my muzak® payment to my bank account number or credit card number shown above. I understand that the funds will be charged on or about the fifth business day of each month and that it is my responsibility to ensure sufficient funds are available at that time.

This authority will remain in effect until I instruct SCAV to cancel or change it. Future authorizations must be in writing and must be received by SCAV 15 days prior to the 1st business day of the effective month. I also understand that if my payment is returned for insufficient funds, SCC may discontinue this service. I acknowledge that the origination of EFT transactions to my account must comply with the provisions of US law.

Signature: _____ Date: _____

Printed Name: _____ Position: _____

For more info, please call (615)259-9370 or email pspeck@southcentralav.com. Thank you!



Payments Made Easy!

Purchased Equipment Electronic Payment Authorization

Thank you for choosing South Central A/V as your service provider. If you wish to charge your purchase to a Visa or MasterCard credit card or if you wish for us to electronically draft your bank account for the down payment, please provide the following information and ask your sales representative to submit with your order.

Company Name: _____ Phone: _____

Physical Address(es) of Location(s) Applying: _____

Amount of Payment Authorized: \$ _____

Bank Account Number: _____ (For EFT only)

Routing Number: _____ (For EFT only)

Credit Card Type: MasterCard Visa

Cardholder's Name: _____

Credit Card Number: _____

Expiration Date: _____

I authorize South Central A/V to charge my equipment payment to my bank account number or credit card number shown above. I understand that it is my responsibility to ensure sufficient funds are available at that time. I also understand that if my payment is returned for insufficient funds, South Central Sound will advise me of the installation delay. I acknowledge that the origination of EFT transactions to my account must comply with the provisions of US law.

Signature: _____ Date: _____

Printed Name: _____ Position: _____

For more info, please call (615)259-9370 or email pspeck@southcentralav.com. Thank you!