



AUTOMATIC MONTHLY CREDIT CARD BILLING REQUEST

I (we) hereby authorize TMV to initiate a charge to my (our) credit card account.
This authority will remain in effect until notified by me (us) in writing to cancel.

Credit Card Number

Expiration Date

NAME (Please Print) AS IT APPEARS ON CREDIT CARD

Card Billing Address with Zip Code

Telephone number including area code

Email address (optional)

Cable Account Number/ H2O Account Number/ Other Account Number
Please enter ALL account numbers that should be drafted.

Customer(s) Signature and Date

RETURN FORM TO:

Fax (970) 369-6459
Email susanray@mtnvillage.org
Mail 455 Mountain Village Blvd, Suite A
Mountain Village, CO 81435

**If you should have any further questions or are in need of assistance, please contact
Susan Ray at (970) 369-6408.**