



121 S Main
West Point, NE 68788
(402) 372-1975

Billing Information and Payment Options

Monthly billing occurs on or about the 1st of each month. You will receive your invoice for the next month's service. Payment is due by the 20th of that month. Accounts with past due balances of any amount are subject to finance charges and/or service suspension. Paper invoices via mail are available upon request at the cost of \$1.00.

Electronic Funds Transfer – Please complete form at <http://www.skywaveconnect.com/auto.pdf> or use the one below and return it to the office. Funds are drawn on or about the 2nd of every month for that month's service. Funds will also be drawn for other invoices (service call, repair work, etc) unless arranged otherwise.

Annual Payments – Skywave will mail a paper invoice once a year for 12 months of service. Semi-annual payments are also available. The payment is for the upcoming year of service. Please contact the office to set this up.

By Check/Cash – Skywave accepts checks by mail and cash or check at the office in West Point. A \$30 fee is charged to any account with a returned check.

Credit Card – Skywave accepts all major credit cards at the office in West Point or over the phone. We do not offer automatic billing via credit card. A convenience fee of 3% may be charged on credit card transactions.

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Authorization Agreement for Automatic Debits

Skywave Account Name: _____ Skywave Acct # _____

Billing Email Address: _____

I hereby authorize Skywave Wireless, Inc. to initiate debit entries to my bank account indicated below at the financial institution named below.

Monthly charges will be electronically drafted on or about the 2nd of every month. If your draft is returned to us due to insufficient funds, we will run the draft one more time with a \$15 handling fee. If it is returned a second time, your account will be disabled and charged a \$30.00 returned check fee.

This authority is to remain in full force and effect until Skywave Wireless, Inc. has received written notification from me of its termination in such time and in such manner as to afford Skywave Wireless a reasonable opportunity to act on it.

Financial Institution Data: Bank Name: _____
City: _____ State: _____ Zip: _____
Routing/Transit/ABA Number: _____
Account Number: _____

Note: Please attach a voided check to ensure accuracy of information.

Bank Account Owner Printed Name: _____

Bank Account Owner Signature: _____ Date: _____