



# ACN PRE-AUTHORIZED PAYMENT PLANS

Thank you for choosing ACN's Pre-Authorized Payment Plan, the easiest way to pay your phone bill. Once ACN receives your pre-authorized payment plan form, it is entered directly into our systems so that your information remains completely confidential. The invoiced amount will be deducted from either a credit card or checking account 15 days after your invoice date. You will continue to receive an itemized invoice. The only change will be on the remittance section of the invoice affirming, "Statement only-do not pay. Amount will be forwarded to appropriate Credit Card Company or Banking Institution." Pre-authorized Payment Plan set up can take one to two billing cycles.

If there are any questions concerning the set up, please call us at ACN Customer Service 1-877-ACN-1010.

Customer Name \_\_\_\_\_ Customer Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ACN Account Number \_\_\_\_\_

## Select either Credit Card Pre-Authorized Payment or Bank Pre-Authorized Payment

CREDIT CARD PRE-AUTHORIZED PAYMENT



Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
Month/Year

Cardholder's Name \_\_\_\_\_ Cardholder's Telephone Number(\_\_\_\_\_) \_\_\_\_\_

If selecting pre-authorized payment by bank account, please attach a voided check to this agreement.

BANK P.A.P. PRE-AUTHORIZED PAYMENT

Bank Account Number \_\_\_\_\_ Name of Person on Bank Acct. \_\_\_\_\_

I hereby authorize ACN to charge the above indicated credit card or bank account on a monthly basis for payment of the outstanding balance of the ACN account appearing on this application form. In the event any charges are returned to ACN by the credit card issuer or bank account, I give ACN the authority to correct the information causing such return to resubmit the charge against this credit card or bank account. In the event that ACN returns any payment or portion of a payment made through this authority, I agree that such payment will only be made back to the credit card indicated on this authority or by check if paid from my bank account. This authority will stay in effect until I notify ACN in writing of the cancellation of this authority or the above indicated ACN account is closed and paid in full.

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions or concerns regarding the pre-authorization payment plan, please contact ACN Customer Service at 1.877.ACN.1010.

Mail the completed forms to: ACN World Headquarters/Order Processing, 32991 Hamilton Court, Farmington Hills, MI 48334

OR – FAX: 248-489-8589