

Payment Authorization

Modem Account Billing Credit/Debit Card Payment Authorization Form



This form will authorize WVNET to charge your credit card or debit card (i.e. Visa check card) for your monthly service. Please call **304.293.5192 x 258 or 253** if you have any questions or changes.

Please print this form and mail or fax it to: **WVNET**

ATTN: Libby Cress
837 Chestnut Ridge Rd.
Morgantown, WV 26505

Fax Number: 304.293.5540

Contact Information (* denotes mandatory field)

* User ID/Account ID
(i.e.abc00001) _____

*First Name _____ *Last Name _____

*Address _____

*City _____ *State _____ *Zip _____

*Phone _____

Fax _____

Email Address _____

Method of Payment

We accept Visa, MC, Discover, AMEX.

*Credit/Debit Card (Please choose one)

Type _____ Visa _____ Mastercard
_____ Discover _____ American Express

*Cardholder's Name _____

*Credit/Debit Card
Number _____

*Expiration Date
(mm/yy) ____/____

Amount to be billed: \$16.95/month

*Cardholder's Signature: _____