Automatic Payment Form

(For Recurring Payment)

Complete the following form to authorize Longmont Dairy Farm, Inc. to charge your **CREDIT/DEBIT CARD** or **CHECKING/SAVINGS ACCOUNT** monthly for your delivery service. The charge will appear on your account statement near the 10th of each month.

Customer Name:

Customer No:

(e.g.: 1234LD)

Billing Method (*check one*):

☐ Visa ☐ Mastercard ☐ Discover

☐ Checking Account No.

(*Write your billing account number on a voided check or copy a voided check and attach.)*

☐ Savings Account No.

(*Write your billing account number on a voided check or copy a voided check and attach.)*

Name on account *(As it appears on card)*:

Billing Address:

City **Postal Code**

Phone No.

Card No. **Expiration Date (MM/YYYY)**

Account Holder's Signature **Date**

I authorize Longmont Dairy Farm, Inc. to automatically charge my credit or debit card or checking or savings account for my bill each month on the bill statement date. I understand that the monthly amount may vary, depending on products delivered.

Enclose form with billing stub and mail to:

LONGMONT DAIRY FARM, P.O. BOX 998, Longmont, CO 80502

Or, fax to: 303-776-0503

–Thank you!