

EASY PAY SUBSCRIPTION ENROLLMENT AGREEMENT

Name: _____ Phone: _____

Address: _____ Apt./Unit#: _____

Delivery/Mailing Address: _____

City: _____ State _____ Zip _____

m Yes, I wish to join the Easy Pay Program and will pay for my home delivery subscription at the rate of \$ _____ per month for the next twenty four (24) months through a charge to my credit card or deduction from my checking account. I also wish to add \$ _____ monthly for a carrier tip. I understand at the end of this introductory period the subscription price will increase to the next reduced price level. This authority will remain in effect until I give a 10-day written notification to the Times-Call to terminate this authorization.

Please bill my credit card monthly.

CREDIT CARD: m Visa m MasterCard m Discover m Amex

Card # _____ Expiration Date _____

Signature _____

CHECKING ACCOUNT: (Attach your first monthly payment by check)

Check #: _____

Financial Institution: _____

Bank Account #: _____

I hereby authorize my bank to debit my checking account monthly and pay to the Times-Call the above amounts as shown.

Signature _____

Date _____

My signature indicates I have read, understand and agree with the above terms.

Please print and mail this form to



Home Delivery
350 Terry Street
Longmont, Colorado 80502

OFFICE USE ONLY

Account _____

ACH Start Date _____