

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084312

Vendor Name: DIRECTV LLC

Invoice Number: 35234242782

Invoice Date: 10/11/18

PO Number: B0359033

Check Number: 0244039

Check Amount: \$ 105.99

Check Date: 10/25/2018

Department ID: 65004

Reviewer Name:

Voucher Number: V0535182

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

Important Information

Our electronic payment processing system does not read comments enclosed with your payment. Please do not write comments on the bottom of your bill or enclose correspondence with your payment.

How to Contact Us

PHONE: 1.888.388.4249

EMAIL: directv.com/commercialemail

U.S. MAIL:

DIRECTV, LLC
Business Service Center
P.O. Box 410347
Charlotte, NC 28241

Commercial Customer Agreement

You received your DIRECTV Commercial Customer Agreement with your order confirmation. The Commercial Customer Agreement describes the terms and conditions upon which you accept our service and upon which we provide our service. Please consult the Commercial Customer Agreement for complete information about billing and payment on your account. The Commercial Customer Agreement is available at www.directv.com/commagreement.

Errors or Questions About Your Invoice

If you have a question about your invoice, please call or write to us as soon as possible. You must contact us within 60 days of receiving the invoice in question, and you must pay undisputed portions of the invoice by the due date in order to avoid an administrative late fee and possible disconnection of your service. We will not report your account as delinquent or take any action to collect the disputed amount while your dispute is under investigation. We will make every effort to resolve claims informally. Any claims not so resolved may be resolved only through binding arbitration, as provided in the Commercial Customer Agreement.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. We may issue a draft against your account for the amount of the check if we cannot collect the funds at first presentment.

Returned Payment Fee

If your bank or other financial institution refuses to honor the payment, draft, order, item or instrument you submit to pay this bill, including electronic debits to debit cards and bank accounts, you may be assessed a returned payment fee of the lesser of \$30.00 or the maximum amount permitted by applicable law, which may be in addition to fees imposed by your bank or financial institution.

For immediate closed-captioning issues, call 1.800.347.3288, fax 314.335.5735 or email ClosedCaptioning@att.com. For formal inquiries, contact Mr. Timmermans, Associate Director - Office of the President: email ClosedCaptioning@att.com, call 314.235.3333, fax 314.335.5735 or mail to AT&T Closed Captioning, ATTN: Mr. Timmermans, 1010 Pine St., Rm. X-04, St. Louis, MO 63101.

Thank you for choosing DIRECTV.

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Sign up for Auto Bill Pay using your checking account, then sign your name for authorization.

Processing takes up to 6 weeks, so please pay this month's bill and retain a copy of this completed form for your records.

☐ Checking Account Auto Bill Pay (Don't forget to sign your name below)

I authorize DIRECTV and my financial institution to automatically deduct from the checking account as shown on my enclosed check all future payments for my DIRECTV bills. I may cancel this request by contacting DIRECTV. I understand the monthly amount may vary and I will receive notification of the date my checking account will be debited.

Change My Billing Address to:

(If you are moving your service location, call 1.888.388.4249.)

Street Address: _____

City: _____

State: _____

ZIP: _____

New home phone: () _____

Signature: _____ Date: _____