



Authorization Agreement for Direct Payments

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I hereby authorize (Communications 1 Network), hereinafter called COMPANY, to initiate debit entries to my account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account on the 5th of each month. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_

Routing Number (9 digits) \_\_\_\_\_

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

Type of account: [ ] Checking [ ] Savings

I authorize COMPANY to initiate credit/debit entries and adjustments for any entries in error to account listed above.

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

The notification to the COMPANY should reach them prior to the 20th of the month with termination to affect the next month's billing. I understand that adequate balances must be maintained by me for the auto pay debit on the 5th. If not, a fee will be charged to my account and the resulting non-payment could lead to disconnection of service.

Name \_\_\_\_\_
(Please print)

Service Address \_\_\_\_\_

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

Please attach a voided check.