



Atlas Telephone Company

ACH DEBIT AUTHORIZATION For Automatic Monthly Payments

Date: _____

I / We _____, authorize
(print individual or company name)

ATLAS TELEPHONE CO. (Atlas) to electronically debit my/our account (and if necessary, electronically credit my/our account to correct erroneous debits as follows:

Checking Account/ Savings Account (select one) at the depository financial institution named below. I/we agree that ACH transactions I/we authorize comply with all applicable law.

Depository Name _____ Routing Number _____

Account Number _____ Account Number _____

Amount of debits: The total amount due to Atlas as of the first of each month or an agreed upon payment arrangement.

Date and/or frequency of debit: Once per month between the 7th and 12th of the month.

I/we understand that if a debit is set up with an effective date that falls on either a holiday or a weekend, the debit will be executed on the business day prior to the effective date.

I/we understand that this authorization will remain in full force and effect until I/we notify Atlas in writing by mail to PO Box 77 Big Cabin, OK 74332 that I/we wish to revoke this authorization. I/we understand that Atlas requires at least 5 days prior notice in order to cancel this authorization.

I/we understand that there is a \$25 charge for insufficient funds.

I/we understand that if requesting to debit a checking account I will need to attach a check if possible.

Name(s): _____

Customer Signature *Date*

Customer Signature *Date*