

PLEASE RETURN THIS PAGE IF YOU WANT AUTOMATIC PAYMENT

Customer Name _____ Acct# _____ Date _____

**AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS
(ACH CREDITS)**

COMPANY NAME: TELEPAGE, INC.

I (we) hereby authorize **TELE-PAGE, INC.**, hereinafter called "Company", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) selection indicated below and the depository named below, hereinafter called "Depository" to credit and/or debit the same to such account. This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

CREDIT CARD OR

DEBIT CARD AUTHORIZATION

(Use this option if you want your credit card or debit card to be billed each month)

NAME AS IT APPEARS ON CARD _____

CARD# _____ EXPIRATION _____ CSV CODE _____
(Last 3 digits in signature column on back of card)

BILLING ADDRESS FOR CARD _____

CITY _____ STATE _____ ZIP _____

CHECKING ACCOUNT AUTHORIZATION (A copy of your check is required)

(Use this option if you do not have a debit card & want your check automatically printed each month)

NAME AS IT APPEARS ON CHECK _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING/ABA # _____ CHECKING ACCT # _____

***Please sign and return or fax back to 423-569-1581.**

***SIGNATURE** _____

PLEASE SELECT BILLING CYCLE

<u>Cycle</u>	<u>Amount</u>
9 One Time	\$ _____
9 Monthly	\$ _____
9 Quarterly	\$ _____ x 3 = \$ _____
9 Semi-Annual	\$ _____ x 6 = \$ _____
9 Annual	\$ _____ x 12 = \$ _____