

**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 = \$ _____