



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT WITHDRAWAL

I (we) hereby authorize NEP Telephone Company hereinafter called **COMPANY**, to initiate debit entries to my/our Checking or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME _____

BRANCH _____

CITY _____

STATE _____ ZIP _____ PHONE _____

ABA ROUTING NUMBER _____

ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until **COMPANY** receives written notification from me (or either us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

NAME(S) _____

(PLEASE PRINT)

PHONE NUMBER _____

DATE _____

SIGNED X _____

SIGNED X _____

NOTE:

All written debit authorizations must prove that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

1.866.785.3131