



The North-Eastern Pennsylvania Telephone Company  
Here to serve you... Better.

**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.**