



**ToteICSI**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS**

**\*\*\*ACH DEBITS/CREDITS\*\*\***

Trans/ABA Number: \_\_\_\_\_  
 Checking/Savings Account Number: \_\_\_\_\_  
 Customer Name on Account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Financial Institution: \_\_\_\_\_

**IMPORTANT: PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP WITH THIS FORM TO ENSURE ACCURATE PROCESSING.**

I hereby authorized Totah Communications, hereinafter called "COMPANY", to initiate debit entries, if necessary, credit and adjustment entries in error to my \_\_\_\_\_ checking or \_\_\_\_\_ savings account (select one) and the depository named above, hereinafter called "DEPOSITORY", to debit and/or credit the same to my account.

**There will be a \$3.00 processing fee for all customers that are not setup on a recurring monthly basis and have this form on file.**

**\*\*\*CREDIT CARD CHARGES / CREDITS\*\*\***

Payment Method:      VISA \_\_\_\_\_      American Express \_\_\_\_\_  
                                  Mastercard \_\_\_\_\_      Discover Card \_\_\_\_\_ Security Code \_\_\_\_\_ (three or four digits)  
 Credit Card Number: \_\_\_\_\_      Expiration Date: \_\_\_\_\_  
 Name on Credit Card: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Telephone Number(s) to be paid by above method:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby authorize Totah Communications, Inc. hereinafter called "Company", to initiate, if necessary, credit and other adjustment entries to my credit card. The above charge is for my monthly bill. I also understand that there will be a maximum \$25.00 service charge in addition to fees my bank may make on drafts returned unpaid or credit card number that does not clear. I also understand that any check/charge returned unpaid will put my account in jeopardy if not satisfied within two weeks.

*Please return form along with a voided check or savings deposit slip for our files if doing ACH,*  
**Return to: TOTAH COMMUNICATIONS, INC.**  
**PO BOX 300**  
**OCHELATA, OK 74051-0300**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE CHECK WHICH PAYMENT DATE YOU PREFER      Payment Date:      10th or      20th**