



**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  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:  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 \$30.00 (in KS), \$25.00 (in OK) 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: