



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