

Recurring ACH Debits Authorization Form

This is permission for recurring debits. As an authorized signor on the Depository Account presented, by completing and signing this form you give Texoma Network Solutions permission to charge/debit your account for any outstanding payments owed. This authorization is to remain in full force and effect until Texoma Network Solutions has received written notification from me of its termination. **

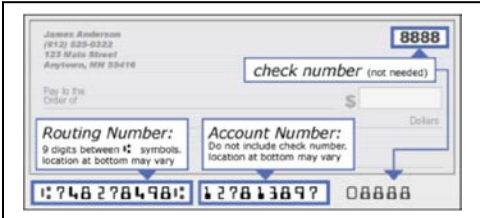
Please complete the information below:

I _____ as an authorized signor of _____ to
 (Full name) (Business Name)

charge/debit my account indicated below for any outstanding payments that are owed to Texoma Network Solutions.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Depository Bank _____	Checking <input type="checkbox"/>	
Routing Number _____	Savings <input type="checkbox"/>	
Account Number _____		

I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$25 may be charged by Texoma Network Solutions to me in the event there are insufficient funds available at the time the ACH payment is submitted. I authorize Texoma Network Solutions to charge/debit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services/account described above. I certify that I am an authorized signor on this Depository Account.

SIGNATURE _____ DATE _____

Fax to: (903) 664-5200 Scan & Email to: payments@texomans.com

I, _____ hereby **Revoke my Authorization for the charges/debits to the account. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least three days prior to the scheduled settlement date.