

ENHANCED TELECOMMUNICATIONS DIRECT DEBIT PAYMENT PLAN ENROLLMENT FORM

Debits will be made on/ around the 17th of each month

ETC CUSTOMER INFORMATION

Customer Name (as shown on bill)

Customer Address (as shown on bill)

City State Zip

Customer Account Number(s) (Ex. 0010001000)

Customer Phone & CATV Account Number(s) (Ex. Phone 623-0000-0, 932-0000-0, 222-0000-0; CATV 8400000-0)

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution

ABA Transit Routing No.

Account Number

Checking Account Savings Account

Please be sure to enclose a voided check for the checking account; a deposit slip for the savings account

Telephone Number New Enrollment or Change In Banking

AUTHORIZATION FORM: I authorize Enhanced Telecommunications Corporation to instruct my bank, savings & loan, or credit union to pay my total monthly bill from my checking or savings account listed above. I understand that I control my payments. If at any time I decide to discontinue this payment service, I will give Enhanced Telecommunications Corp. 30 days notice. Discontinuance of the Direct Debit Payment Plan shall not affect any amounts owed by me to the company.

Signature

Date

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