



AUTHORIZATION FOR DIRECT PAYMENT

Please complete form and **attach a blank voided check** from your savings/checking account in order to confirm direct payment transactions. This form will be kept on file for future requested transactions or until bank information needs to be updated. **Please confirm authorization for direct payment by signing bottom of form.**

Customer Name/Account Holder: _____
(Please Print)

Address (city, town, zip): _____

Telephone Number(s): _____

In consideration of the goods, products and/or services provided to me by **Waitsfield and Champlain Valley Telecom**, hereinafter called **MERCHANT**, I hereby authorize **MERCHANT** to initiate a debit entry to my checking/savings account indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account listed below upon my written/telephone request or if requested on a recurring monthly basis. I acknowledge that the origination of transactions to my account must comply with the provisions of the U.S. law and agree to any potential fees listed below that may be charged to my account by **MERCHANT**.

Non-Sufficient Funds Fee - \$30.00

Stop Payment Fee - \$30.00

Returned Item Fee - \$5.00 (information provided below is incorrect causing transaction to decline).

Depository Bank Name: _____

Branch (City, State, Zip): _____

Account Number and Type: _____ **Checking** **Savings**

Routing Number: _____

AUTHORIZATION TO DEBIT ACCOUNT

(Must be signed by Account Holder)

Please check one: On demand (requires written or telephone request each time)
 Recurring (payment will be processed on a monthly recurring basis)

Signature: _____ **Date:** _____