

AUTO PAY BY BANK ACCOUNT (ACH) AUTHORIZATION FORM

Providing the following information authorizes Alphacomm.net to charge your checking or savings account monthly. Complete and sign this form and enclose a voided check (to deduct from checking account) or deposit ticket (to deduct from savings account). You will receive a written confirmation advising the date of your first scheduled Auto Pay deduction.

Telephone Number _____

Name on Account _____
(Please Print)

Street Address _____

City _____ State _____ Zip _____

Bank Account Type Checking Savings

Bank Name _____

Name on Bank Account _____

Bank Account Number _____

Bank Routing Number _____

Signature of Account Owner _____ Date _____

NOTE: ACH payment option is only available for automatic monthly payment, and cannot be used for one-time payments. ACH payments are subject to ALL fees that apply to checks returned for Non-Sufficient Funds. Alphacomm's fee for NSF checks is \$25.00. Other institutions may charge additional fees.

Mail this completed form and your voided check (to deduct from checking account) or savings account deposit ticket (to deduct from savings account) to:

Alphacomm.net
P.O. Box 86
Carney, MI 49812-0086

**YOUR PAYMENT WILL BE DEDUCTED FROM YOUR ACCOUNT
ON THE THIRD DAY OF EVERY MONTH.**