



PO Box 70
Jackson, NE 68743
866-858-1917

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize Clarks Telecommunications Company to initiate debit entries to my (our):

Checking

Savings Account

I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of the US Law. Please complete the following information on the bank account you would like debited.

BANK NAME: _____ PHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO: _____ ACCOUNT NO: _____

This authority is to remain in full force and effect until Clarks Telecommunication Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Clarks and my Bank a reasonable opportunity to act on it.

NAME: _____ PHONE NUMBER: _____

SIGNATURE: _____ DATE: _____

Please include a copy of a voided check or a deposit slip to verify the Bank information.