



Account # _____

Phone # _____

BANK DRAFT

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

DATE: _____

CUSTOMER NAME (S): _____

PHONE NUMBER (S): _____

I (we) hereby authorize Pinnacle Communications, to initiate debit entries to my (our) account indicated below and the depository named below to debit the same to such account.

DEPOSITORY NAME: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNT TYPE: _____

TRANSIT / ABA NUMBER: _____

ACCOUNT NUMBER: _____

***VOIDED CHECK REQUIRED**

This authority is in full force and effect until Pinnacle Communications and DEPOSITORY have received verbal or written notification from me (or either of us) of its termination. I also understand that if a draft is returned insufficient, that the bank draft will be cancelled, and I will need to provide payment to Pinnacle Communications for the outstanding balance owed on my account along with any fees incurred.

SIGN: _____ SIGN: _____

***Upon completion, please present this form along with your identification to your local Pinnacle Communications office.**

Lavaca address: 301 Hwy 96 SW Ph: (479) 674-2211 Panama address 204 E Main Street Ph: (918) 963-2804