



PAYMENT AUTHORIZATION AGREEMENT (ACH & CARD)

I, the undersigned ("Customer"), authorize Midvale Telephone Exchange, doing business as MTE Communications ("Company"), to initiate electronic payments for amounts due on my account listed below, in accordance with the terms of this Agreement.

1. ACH/CARD AUTHORIZATION

I hereby authorize the Company to initiate ACH debit or Credit card charges to my account at the financial institution identified below ("Depository"), and I authorize the Depository to debit such entries from my account.

- I understand that entries are made as recurring for amounts owed, including applicable fees or adjustments.
- I acknowledge that the origination of ACH transactions or charge to my account must comply with all applicable U.S. laws and NACHA Rules.
- I agree that I will not dispute authorized ACH/Credit card debits with my financial institution, provided the transactions correspond to the terms of this authorization.

I authorize the Company to charge my credit or debit card for payments due on my account.

- I acknowledge that the Company may securely store my payment credentials using a third-party PCI-compliant payment processor for the purpose of processing authorized transactions.
- I agree to provide updated card/account information as necessary and understand that declined transactions may result in service interruption or additional fees where permitted.

2. TERMS

Applies to Account #: _____

Payments may be recurring or one-time, for all amounts owed, including taxes, fees, service charges, and adjustments.

4. CANCELLATION

Authorization remains in effect until written notice or verbal notice is received at least 3 business days prior to next payment.

5. CUSTOMER RESPONSIBILITY

I am responsible for sufficient funds/credit and updating payment information. I will promptly notify the company of any changes to my payment information

BANK INFORMATION (ACH)

Bank Name: _____

Routing #: _____

Account #: _____

CARD INFORMATION

Name: _____

Card type: _____

Last 4 Digits: _____ Exp: ____/____

CUSTOMER INFO

Name: _____

Address: _____

Phone: _____

AUTHORIZATION

Signature: _____ Date: _____