



Direct Debit Payment Authorization Form

I authorize and instruct my financial institution to deduct the amount of my monthly bill(s) listed below from the bank account listed on this form and remit directly to MIDTEL. The amount to be deducted, set forth on my monthly statement(s), shall be directly sent by MIDTEL to the financial institution I identify. I understand and agree that MIDTEL is not liable in any way for erroneous bill statements or incorrect debits to my accounts and that should a error occur in the bill statement, MIDTEL's only responsibility is to correct it when and if it receives notice of the error. Customer's participation is subject to MIDTEL's approval. I understand that my financial institution and MIDTEL reserve the right upon written notification, to terminate this payment option and/or my participation.

I understand that payment will be deducted from the bank account specified on the 10th of the month, or the next business day following the 10th of the month. I understand my application cannot be processed without either a voided check or a copy of a cancelled check from the specified account. I will notify MIDTEL if I change banks or account numbers by mailing MIDTEL a voided check from the new account. **I understand that if at anytime I decide to discontinue the Direct Payment Option, I must notify MIDTEL in writing.** I understand this authorization remains in force and effect until MIDTEL has received written notification of its termination in such time and manner as to afford MIDTEL and your financial institution a reasonable opportunity to act on it. I understand that a charge amount will appear on my bank statement each month, one for each MIDTEL accounts authorized to pay in this manner; this includes the accounts listed below as well as other accounts listed on other Authorization Forms using this same bank account. I realize that if any account number(s) listed on this form changes, this authorization will remain in effect for the new account number(s). **I understand in any given month, if payment cannot be collected due to availability of funds, Insufficient Funds Service Fees would apply to *each* MIDTEL Account that a payment could not be made against; I will be contacted and it is my responsibility to remit payment by other means by the "Payment Due Date" specified on my bill.**

By signing this form, you agree to the terms listed herein.

MIDTEL Account Information

Please list all accounts you wished to be paid by Credit Card. Be sure to include the exact name each account is billed under.

Account Number: _____ Type of Bill (Phone, Cable, Internet): _____

Name Account Listed Under: _____

Account Number: _____ Type of Bill (Phone, Cable, Internet): _____

Name Account Listed Under: _____

Account Number: _____ Type of Bill (Phone, Cable, Internet): _____

Name Account Listed Under: _____

* If you have additional accounts with us, please list them on a separate sheet of paper. (Over, please)

Bank Account Information

Name as it exactly appears on your Bank Statement: _____

Bank Name: _____

Bank Account Number: _____

Type of Account (Checking*, Savings) _____

* Be sure to attach a voided check or a copy of a cancelled check from the bank account listed.

Bank Address: _____

Signature of Bank

Account Holder: _____

Date: _____

Daytime Telephone Number: _____

Name of the Bank Account Holder(Please Print): _____

PLEASE NOTE: Direct Debit will NOT be in effect until it appears on your bill.



103 Cliff Street
P.O. Box 191
Middleburgh, NY 12122
Local (518) 827-5211/Out of Area 1-877-827-5211
(518) 827-7600 (Fax)
Office Hours: Mon., Tue., Thu, Fri. 8:00am – 5:00pm; Wed. 8:30am – 5:00pm
info@midtel.com
www.midtel.com