

AUTHORIZATION AGREEMENT TO DEBIT ACCOUNT FOR PAYMENTS

I (we) hereby authorize **New Windsor Cable, Inc.** initiate debit entries to my (our) checking indicated below at the depository financial institution named below.

I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

Depository Name (Bank/Credit Union) _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

Type of Account Checking _____

Frequency: Monthly

Effective Date of First Payment: _____

This authority is to remain in full force and effect until **New Windsor Cable, Inc.** has received written notification from me (or either of us) of its termination in such time and in such manner to afford a reasonable opportunity to act on it.

I also understand that any debit entries returned to Farmers State Bank will be charged back against the account credited at the time of the ACH origination.

Name(s) _____ (please print)

Signed _____ Dated _____

Please attach copy of voided check below:

Circle the services you wish to have auto debited:

Telephone and Cable/DSL Services

Telephone Only

Cable/DSL Only