

Authorization Agreement for Automatic Payment (Debits)**BLB Communications****9824030120**

Company Name

Company ID#

I (we-if joint account) hereby authorize **BLB Communications**, hereinafter called Company, to initiate debit entries in the amount of the current balance (variable based on monthly invoice) on the **25th of each month** (or banking day following weekend or day after a holiday) and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository named below, hereinafter called Depository, to credit the same to such account.

Bank/Financial Institution Name/Number

City, State, Zip

Routing Number/ABA***Account Number*****Type of Account* (Select One):** _____ **Checking** _____ **Savings**

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

Name (Please Print)

E-mail Address (if needed for notification)

Signature


Date

Name (if joint account – using the term “and”)

Signature

Date

*Please attach a copy of or a voided check for account number verification.**These numbers are located on the bottom of your check as follows:*



Routing Number **Account Number**