



e-Tel, LLC
Authorization for Automated Payment Plan (ACH Debits)

I (we) hereby authorize e-Tel of Murray, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name: _____ () Checking () Savings (select one)

Routing Transit #: _____ Your Account #: _____

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

Customer Name: _____ Phone #: _____

Signature: _____ Date: _____

Please include a voided check with authorization form. Deposit tickets cannot be accepted.

Debits will be made on or about the 20th of each month.

Please mail Authorization Form and voided check to:
e-Tel, LLC
601 Broadway
Paducah, KY 42001