

**Authorization Agreement for Automatic Withdrawals (ACH Debits)**

Company Name \_\_\_\_\_

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

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Type:  Checking Account  Savings Account Purpose \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

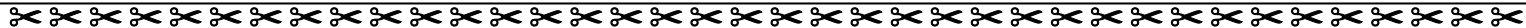
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Signature \_\_\_\_\_



**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**



**DO NOT SUBMIT THIS FORM BY E-MAIL OR ELECTRONIC MEANS.**

**Print and Mail your Authorization Agreement for Automatic Withdrawals to:**

**Montrose Internet, Inc.  
625 East Main Street  
Montrose, CO 81401**

**If you have any questions please call our accounting department at (970) 249-9722 or (888) 770-1761.**