KEEP THIS PORTION FOR YOUR RECORDS

I have authorized DFT Communications to deduct payments from my:

☐ **CHECKING ACCOUNT**
Voided Check (or copy of check) included

☐ **SAVINGS ACCOUNT**
Savings deposit slip with complete account information included

CHARGE MY CREDIT/DEBIT CARD:

☐ MasterCard ☐ DISCOVER NETWORK ☐ VISA

Date _____ Account Number _____

You may stop participating at any time by contacting **Customer Service at 716-673-3000**
Or in person at **DFT Communications 38 Temple Street, Fredonia NY, 14063**

TERMS OF AGREEMENT

When you sign up for EFT or Credit/Debit Card payment, a message on your bill will indicate the date and amount that will be withdrawn from your account or charged to your credit card. You must continue to pay your bill as you normally would until this message appears. Once DFT begins electronically transferring funds, please remember to keep a sufficient balance in your account to cover payment and avoid charges for insufficient funds. If you change accounts or financial institutions, please notify DFT by mailing a new authorization form along with a new voided check or a savings deposit slip. You have the right to stop payment and make other payment arrangements in any particular month by calling DFT Communications at least 3 business days prior to the EFT bill payment date.

Please fill out one side of the form below, detach and return to DFT Communications.

CHECKINGS/SAVINGS

Return this form and a voided check, or copy of a check or deposit slip with complete account information to DFT Communications. You may also include this with your next payment. Your signature confirms you have reviewed the terms and you wish to enroll.

☐ I authorize DFT Communications to begin deductions from my account at the institution indicated below.

Account Number _____

Name on Account _____

Address on Account _____

City State Zip Code _____

Phone _____

Email _____

Name of Bank _____

Account type ☐ Checkings ☐ Savings

Routing Number (See Below) _____

Account Number (See Below) _____

⑆123456789⑆ ⑈0123456789⑈ 0101
Bank Routing # Customer's Checking Acct. Check #

Signature _____ Date _____

CREDIT/DEBIT CARD

Return this form to DFT Communications or include with your next payment. Your signature confirms you have received the terms and you wish to enroll.

☐ I authorize DFT Communications to begin charging my credit or debit account.

Account Number _____

Name on Account _____

Address on Account _____

Phone _____

Email _____

☐ MasterCard ☐ DISCOVER NETWORK ☐ VISA

Credit/Debit Card Number _____

Exp. Date _____ CVC _____

Name on Card _____

Billing Address _____

Cardholder Signature _____ Date _____