



FAX COMPLETED FORM TO:
(800) 769-6213, ATTN: BILLING

AUTHORIZATION FOR DIRECT PAYMENTS (ACH)

Account Name: _____ Account #: _____

I have a (check one) [] Onestar [] Telrite [] TDS [] DownEast account.

I hereby authorize, under the terms of this Agreement, to allow Telrite Corporation to debit my checking or savings account(s) with the financial institutions named below. I understand that the debits will differ from week to week, or month to month, and are based on my usage for the preceding week or month, depending on my billing plan.

After each billing cycle, a statement of all activity and charges will be submitted to me via U.S. postal service. This statement will indicate the ACH transaction amount that will occur on my bank account seven (7) days following the billing cycle date of the statement.

Should Telrite Corporation, erroneously initiate an entry from my account, I have the right to have the amount of the entry credited to my account. However, I must give the financial institution and Telrite Corporation written notice within five (5) business days explaining that the entry was in error.

Financial Institution Information

Checking / Savings Account: (Please circle type of account)

Name of Bank: _____ Branch: _____

Address: _____

City: _____ State: _____ Zip: _____

Routing No: _____ Account No.: _____

In the event there is insufficient funds (NSF) in the predetermined ACH account, Telrite Corporation has the full right to suspend services, including any monthly services paid in advance, collect any fines or charges, charge late fees in the amount of \$25.00 per NSF item, plus add 1.5% daily interest to the amount, and take any steps it deems necessary to collect outstanding amounts. No such service suspension will relieve Company or individual of its obligations under this Agreement, without limitation, until its obligation to pay any outstanding amounts is complete. The failure to pay will constitute a material breach of this Agreement.

This authorization is to remain in full force and effect until Telrite Corporation has received written notification from me of its termination of such time and in such manner as to afford Telrite Corporation and the financial institution a reasonable opportunity to act on it.

Date: _____

Signature and Title (if Company) _____

Print Company or Individual Name _____

FOR OFFICE USE ONLY:

Activated: _____ Billing cycle: _____