Debit Authorization

I (we) hereby authorize ECF,LLC, hereafter called COMPANY, to initiate **debit** entries to my (our) account indicated below and the financial institution named below, hereafter called FINANCIAL INSTITUTION, to debit the same to such account for telecommunication services. I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with the provisions of U.S. law.

_____ __ __ __ __ __ __ __ __ __

FINANCIAL INSTITUTION ROUTING NUMBER

_____ _____ _____

CITY STATE ZIP CODE

_____ [ ]=CHECKING [ ]=SAVINGS

ACCOUNT

This authority 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 a manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ _____

Signature Signature

_____ _____

Print Name Print Name

_____ _____

Date Date

Please attach a voided check if the checking account is selected. Mail completed authorization form and sample “voided check” to: ECF, LLC , 415 Waterman Rd, South Royalton, VT 05068

Service Address:

_____