



Debit Authorization

I (we) hereby authorize ECFiber, to initiate debit entries to my (our) account indicated below and the financial institution named below, to debit the same 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 NUMBER		

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

_____	_____
Signature	Signature
_____	_____
Print Name	Print Name
_____	_____
Date	Date

Please Provide Your Service Address Below:

_____		_____
STREET		CITY
_____	_____	
STATE	ZIP CODE	

Please return the completed document via [email](#) or mail to the address below.

ECFiber
415 Waterman Rd., South Royalton, VT 05068