
ACH Authorization Form

Oran Mutual Telephone Company

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Oran Mutual Telephone Company (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Total amount due will be deducted from your account on or around the 20th of the month.

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

(Attach a voided check or Deposit Slip)

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

**ACH
FORM**