



C.R.S.T. Telephone Authority

PAY BY BANK AUTHORIZATION

I authorize **C.R.S.T. Telephone Authority** to automatically deduct my *total* monthly telephone bill from my bank account. This deduction will occur on the 10th of each month (or the following workday if the 10th falls on a weekend.) I agree to notify **C.R.S.T. Telephone Authority** in writing if I wish to discontinue the automatic deduction at least 30 days prior to cancellation. If there are not sufficient funds in my account, **C.R.S.T. Telephone Authority** will treat this as a non-sufficient fund check and I agree to pay **C.R.S.T. Telephone Authority** the monthly telephone bill amount plus a \$20.00 NSF fee within 5 days or my service will be disconnected.

Customer Information:

Name(s): _____

Address: _____

Telephone No. _____

Bank Information

Bank Name: _____

Bank Address: _____

Bank Phone: _____

Bank Fax: _____

Bank Routing #: _____

Account #: _____

Checking Savings

Please attach a voided blank check for verification of your account #

Signature: _____

Date: _____