



## RECURRING ACH AUTHORIZATION AGREEMENT

By completing the form below, you authorize Hamilton Telecommunications to deduct your payment for services by ACH from your checking or savings account. You will continue to receive monthly invoices for your records.

**Please Print Clearly and Fill Out Completely**

<b>Name (Account Name)</b>	
<b>Address</b>	<b>City/State/Zip</b>
<b>Telephone/Cell Number</b>	<b>Email</b>

### Financial Institution Information (Please attach voided check)

I hereby authorize Hamilton Telecommunications, to collect payment for my bill from the financial institution named below.

<b>Name of Financial Institution</b>	
<b>Select Account Type</b>	<b>Bank Location (City/State/Zip)</b>
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>ABA/Routing Number</b>	<b>Account Number</b>

This authorization will remain in effect until Hamilton receives notification to terminate. I recognize that I must notify Hamilton Telecommunications of any change in financial institution or account to ensure proper and timely payment.

ACH payments returned for insufficient funds or account closed may be result in cancellation of ACH Authorization and customer may be charged insufficient fund fee and/or interest in accordance with our credit terms.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

**Send completed form and a voided check to:**



1006 Twelfth Street  
Aurora, Nebraska 68818  
voice 402.694.5101  
TTY 800.821.1834  
toll free 800.821.1831  
fax 402.694.2848

e-mail: [info@hamiltontel.com](mailto:info@hamiltontel.com)  
website: [www.hamiltontel.com](http://www.hamiltontel.com)