



WHIDBEY
TELECOM

**AUTOMATIC BANK DEDUCTION
AUTHORIZATION & ENROLLMENT REQUEST FORM**

Customer Name(s) _____ Date _____

Billing Address _____ City _____ State _____ Zip _____

Daytime Phone Number _____ Evening Phone Number _____

Please establish automatic funds transfer for the following Whidbey Telecom account number(s):

(1) _____ (2) _____ (3) _____

Please deduct funds from the following bank account:

Financial Institute Name _____
(Please note that this payment process is currently available through United States Financial Institutes only.)

Checking/Savings ABA/Routing # _____ Account # _____

Customer Name(s) _____
(As it appears on the checking/savings account. A copy of a voided check must accompany this request form.)

TERMS OF AGREEMENT/AUTHORIZATION

I authorize the withdrawal of the funds necessary to pay the monthly charges billed to the above referenced account(s). I understand that the withdrawal will take place no sooner than the 1st day but no later than the 10th day of each month. I further understand that Whidbey Telecom may charge me a \$15.00 Non-sufficient Funds Fee in the event that the total funds necessary to cover that month's withdrawal are not available in the designated account.

If an erroneous withdrawal occurs and I notify the Financial Institute of the error within 60 days of the issuance of my account statement, the institution must investigate and resolve the error within 45 days of notification. If the error is not resolved within the first 10 business days following receipt of my notification, my bank account shall be credited back for the amount in question until the investigation is completed (Condensed from the Electronic Fund Transfer Act for the consumer's protection. If you would like additional information, please contact your Financial Institute.)

Participation in the Automatic Bank Deduction payment service remains in effect until written notification to cancel is submitted by the customer to Whidbey Telecom. The customer understands that cancellation requests may take several days to implement and that authorized withdrawals from the bank may occur prior to cancellation of the Automatic Bank Deduction payment service. Cancellation notification must include the account number(s) the customer would like to remove from the program and the corresponding bank ABA/Routing and Account number. The written notification must be emailed to billing@whidbeytel.com or mailed to Whidbey Telecom, 14888 SR 525, Langley WA 98260.

I, the undersigned, have read, understand and agree with the terms of this request.

Printed Customer Name _____ Signature _____

Printed Customer Name _____ Signature _____

****PLEASE ATTACH A VOIDED CHECK****

****SEND THE SIGNED ORIGINAL TO WHIDBEY TELECOM AND RETAIN A COPY FOR YOUR RECORDS****

****Please continue to pay with the hard copy of your billing invoice as usual until the invoice indicates that the amount will be deducted from your Financial Institute Account****