

**DEBIT AUTHORIZATION**

I (we) hereby authorize Arcadia Telephone, Tip Top Communications, Monarc Technologies, (circle one) hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION.

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Financial Institution Name	Branch
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Address	City	State	Zip
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		Checking / Savings
Routing Number	Account Number	Acct Type

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Credit Card Number	Expiration Date
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Name on Account - Printed	Signature
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Address	City	State	Zip
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Phone Number	Alternate Phone Number	Date
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This authority is to remain in full force and effect until COMPANY has received written notification from the account holder of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

**PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM.**