



## ACH Bill Pay Authorization Form

I hereby authorize Genuine Telecom to initiate debit entries to my (our) credit card, debit card, checking or savings listed below for the amount due.

### CHECKING/SAVINGS

\_\_\_\_\_ Checking    \_\_\_\_\_ Savings

Financial Institution \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

(Nine digit number that appears at the bottom of you check)

Customer Name \_\_\_\_\_

Customer Address \_\_\_\_\_

Customer Account # \_\_\_\_\_

Please attach a voided check to this form so we can record the proper financial information.

Please note that your payment will be withdrawn from your account on the 1<sup>st</sup> of each month. If the 1<sup>st</sup> falls on a holiday or a weekend, the withdrawal will occur on the first business day following the 1<sup>st</sup>.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date