



DE LIGHTSPEED ACCOUNT NUMBER: _____

MONTHLY BILL GENERATED ON 1ST - AUTO DRAFT COMPLETED ON 15TH OF EACH MONTH

DELTA FIBER LLC dba DE LightSpeed
Authorization Agreement for Bank Drafts

YOUR NAME: _____ **PHONE NO.** _____
(As it appears on financial institution records.)

STREET OR P.O. BOX ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

FINANCIAL INSTITUTION NAME: _____

BRANCH: _____

ADDRESS OF FINANCIAL INSTITUTION: _____ **City:** _____
_____ **State & Zip Code:** _____

TRANSIT/ABA NUMBER: _____

CHECKING/SAVINGS(Circle type of account) ACCOUNT NUMBER: _____

I hereby authorize the financial institution named above to pay my monthly Fiber Internet bill by charging each payment to my account and to make that deduction payable to the order of DELTA FIBER LLC. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my financial institution prior to charging my account. I understand, however, that both the financial institution and DELTA FIBER LLC reserve the right to terminate this payment plan (or my participation therein.)

DATE: _____ **SIGNATURE:** _____

NOTE: Please return this authorization and a VOIDED check on your account to:

DE LightSpeed
PO Box 9399
Greenwood, MS 38930-8999