

Authorization of Automatic Payment

I authorize Mapleton Communications and the bank named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify Mapleton Communications in writing to cancel this option and Mapleton Communications has confirmed to me that it has been terminated.

(Customer Name)

(Telephone Number)

(Address)

(Name of Financial Institution)

(Address of Financial Institution)

(Checking Account Number)

OR

(Savings Account Number)

(Signature)

(Date)