

# American Phone Services

## Authorization for Pre-Authorized Payments

I, \_\_\_\_\_, owner of the phone number \_\_\_\_\_

hereby authorize American Phone Services, hereinafter called COMPANY, to debit my monthly phone bill payment from my checking account  located at the financial institution listed below.

This authorization is to remain in full force and effect until the company has received written notification from me of its termination in such time and in such manner as to afford American Phone Services a reasonable opportunity to act on it.

American Phone Services reserves the right to make any corrections to the customer's account if an error occurred during the payment process. If you wish to be notified of your monthly payments, APS can send an email to you;

please check the box and write your email address

Customer's E-mail Address

Customer's Name

Soc.Sec.No. or Tax ID No. (as appears on the bank account)

Bank's Name

Bank's Address

City

Zip Code

Customer Account Number

Bank Routing Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Signed