



AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

I (we) hereby authorize Thumb Cellular Limited Partnership, hereinafter called BUSINESS, to initiate debit entries to my (our) Checking or Savings Account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

The authority is to remain in full force and effect until BUSINESS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BUSINESS and DEPOSITORY a reasonable opportunity to act on it.

THIS SECTION FOR ACH / AUTOMATIC BANK DRAFT ONLY

Name of Financial Institution / Bank _____
Branch Location _____
City _____ State _____ Zip _____

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, **PLEASE CONTACT YOUR FINANCIAL INSTITUTION FOR ASSISTANCE.**

TRANSIT/ABA NO. _____
Checking Account #: _____ or Savings Account #: _____

THIS SECTION FOR AUTOMATIC CREDIT CARD PAYMENT ONLY

Credit Card Account Number _____
Expiration Date ____ / ____
Card is (check one) VISA MASTER CARD DISCOVER

THIS SECTION REQUIRED: THUMB CELLULAR ACCOUNT INFORMATION

NAME (as shown on your bill / please print) _____
THUMB CELLULAR ACCOUNT NUMBER _____
THUMB CELLULAR PHONE NUMBER(S) _____

PLEASE SIGN BELOW! THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE.

DATE _____ SIGNATURE _____