

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

I (we) hereby authorize Thumb Cellular Limited Partnership, hereinafter called BUSINESS, to initiate debit entries to my Checking or Savings Account, Credit Card or Debit Account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit the same to such account. I acknowledge that the origination of ACH transactions to my 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 or verbal notification from me 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 _____

Branch City _____ **State** _____ **Zip** _____

Transit/ABA Number _____

Checking Account #: _____ or **Savings Account #:** _____

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.

THIS SECTION FOR AUTOMATIC CREDIT CARD PAYMENT ONLY

Credit Card Account Number _____

Expiration Date ____ / ____ **CVV Code** ____

Card is (check one) VISA MasterCard DISCOVER

THIS SECTION REQUIRED - To be completed by the customer

Customer Name (as shown on your bill / please print) _____

Customer Street Address _____

Customer City / State / ZipCode _____

DATE _____ **SIGNATURE** _____

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

THUMB CELLULAR ACCOUNT INFORMATION

Thumb Cellular Master Account Number _____

Thumb Cellular Master Phone Number _____