



**UMPQUA**  
**B · A · N · K**

## DIRECT PAYMENT Authorization Form

I hereby authorize **Monroe Telephone Co.** ("the Company") to initiate withdrawals from my account at the financial institution named in this application for payment of my monthly bills to the Company. This authorization will remain valid until either I, the Company, or my financial institution revoke it.

I can suspend payment of a monthly bill by notifying the Company at any time prior to 4:00 p.m. three business days before the payment is scheduled to be deducted from my account. I understand that two or more suspensions in a 12-month period will result in cancellation of my participation in the Direct Payment program.

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of the Company or my financial institution with respect to each other. I further understand that the Company and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it. If I wish to discontinue my participation in the Direct Payment plan, I may do so by notifying the Company.

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number	Fixed Amount (Optional)

Account Holder Signature

Date

Joint Account Holder Signature

Date

For the Company to verify bank account and routing numbers, account holders should attach a **VOIDED CHECK** for each account holder account to be debited. The Company and account holders should retain completed copies of this form for their records.

**THIS FORM IS FOR THE COMPANY/ACCOUNT HOLDER USE ONLY**  
It is not required to forward copies to Umpqua