



1567 E. 93rd Avenue  
 Merrillville, IN 46410  
 Phone (219) 650-5555  
 Fax (219) 650-5557

## Authorization Agreement for Automated Clearing House (ACH) Payments

[www.pickmta.com](http://www.pickmta.com)

As the authorizing party, I hereby authorize **Midwest Telecom of America, Inc.**, hereinafter as MTA, to make withdrawals by electronic transfer from the account identified below, hereinafter referred to as the Depository Financial Institution (DFI) and authorize the DFI to accept these debits. The amount of withdrawal will equal the monthly invoiced amount for MTA products, equipment, support packages, maintenance packages, material, labor and/or services including taxes, fees and early termination liabilities. Adjusting entries to correct errors are also authorized. It is my responsibility to complete a new Automated Clearing House Authorization form and send it to Accounts Receivable if I change financial institutions, account numbers or wish to cancel my authorization. I agree these payments and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA). If for any reason there are insufficient funds to cover this monthly payment, I understand there will be a \$25.00 non-sufficient fund fee charged to my account. This authorization will remain in effect until written notice of termination is given to MTA. Cancellation will take a minimum of 16 days to occur. I will not close my old account until payments have been successfully withdrawn from the new account and acknowledge that I have received a completed copy of this authorization.

Name of DFI (Depository Financial Institution)				
DFI's Routing & Transit No.	Account No. to Debit	Type of Account		
		Checking	<input type="checkbox"/>	
		Savings	<input type="checkbox"/>	
Name of Authorizing Party (Please Print)				
Address	Suite	City	State	Zip Code
Signature of Authorizing Party		Date	Federal Tax ID Number / Individual SS Number	

**This ACH debit information is provided to pay for the following account:**

Customer's full name or business name:	
Customer's Account number:	Contact Name:

**Please fill out this form completely, either mail to the address above attention Accounts Receivable, or fax to (219) 650-5557 or email to your MTA Representative.**

MTA USE ONLY

Input in DD \_\_\_\_\_  
 Input in OMNI \_\_\_\_\_  
 Input on LOG \_\_\_\_\_  
 Settlement DT \_\_\_\_\_

**Please choose withdrawal date**

\_\_\_\_\_ 2nd of each month  
 \_\_\_\_\_ 16th of each month

Revised 10/24/2015