



## Authorization Agreement for Preauthorized Payments

Complete this application and submit to [customercare@tularosa.net](mailto:customercare@tularosa.net)

Customer Service: (575)-585-2700

Customer Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

I authorize Tularosa Communications, hereinafter called TBTC / TCI, to initiate debit entries to the ( ) Checking ( ) Savings account indicated below and the depository names, to debit the same to such accounts. These transactions will be effective on the date selected or the first banking day after, if the date selected falls on a Saturday, Sunday, or holiday.

Name of Financial Institution: \_\_\_\_\_

Amount: \_\_\_\_\_ Amount of current billing: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

**(Enclosing a voided check will provide us with the correct information if you are uncertain of the Routing # or Account #)**

Withdrawal Date: \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 15<sup>th</sup>

This authority is to remain in full force and effect until TBTC / TCI and the Financial Institution have received written notification from me of its termination.

TBTC / TCI Customer Name: \_\_\_\_\_

TBTC / TCI Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_