



Credit/Debit Authorization Form

I (we) hereby authorize **IPacket Networks LLC** (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PLEASE PRINT:

(Name)

(Address)

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

(Financial Institution Routing Number: Look between these symbols 1: :1 on the bottom left of your check.)

(Account Number)

(Checking or Savings)

(Set Amount)

OR

(Maximum Amount)

(Signature)

(Date)

(Property Name/Unit Number)

Please return form to: IPacket Networks, LLC 3948 Legacy Dr., Ste 106-389 Plano, TX 75023 or Fax to: 214-989-3530

Revised 01/01/2009