



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. The 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:

First and Last Name

Address

Name of Financial Institution

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

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

Account Number

Indicate Checking or Savings

Set Amount

OR

Maximum Amount

Signature

Date

Property Name & Unit Number

***PLEASE PRINT, COMPLETE & RETURN FORM VIA FAX OR EMAIL OR
CALL 850-588-1112 TO PROVIDE INFORMATION OVER THE PHONE.***

All information will remain private and confidential.

CONTACT IPACKET

Address:

IPacket Networks LLC
1130 E. Arapaho Rd. Suite 565
Richardson, TX 75081

Email:

Billing@IPacketNet.com

Phone:

850-588-1112