



# Electronic Funds Transfer (EFT) Authorization

## TERMS AND CONDITIONS

- Customer may terminate this agreement for any reason whatsoever by giving STRATA oral or written notice of the agreement termination. Termination may not be effective until three business days after STRATA receives notice of termination.
- Should customer desire to place a "stop payment order" on any future debit, customer may do so by giving STRATA notice by the 10th day of the month.
- If customer changes banks or bank accounts and wants to continue using the Electronic Funds Transfer, customer must sign a new authorization agreement.
- Customer will pay a return-item fee as specified by the Utah Public Service Commission for any automatic debit entry that is returned to STRATA for insufficient funds.
- Customer may amend this agreement to include payment of additional or substituted STRATA accounts by requesting STRATA to add or substitute accounts to this authorization.
- Automatic payments will be debited from the customer's bank account on the 15th of each month (or the nearest working day).
- STRATA will reimburse customer for any amounts wrongfully debited from customer's checking or savings account. STRATA will not be liable for any other actual, incidental, consequential or special damages resulting from any wrongful debit from the customer's checking or savings account.

## CHECKING OR SAVINGS ACCOUNTS AUTHORIZATION FORM

Customer Name (as shown on billing statement) \_\_\_\_\_

STRATA Account/Phone Number(s) to be paid by EFT:

\_\_\_\_\_  
\_\_\_\_\_

Financial Institution (Bank) Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Checking or Savings Account Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## CREDIT/DEBIT CARD AUTHORIZATION

Customer Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

STRATA Account/Phone Number(s) to be paid by EFT:

\_\_\_\_\_  
\_\_\_\_\_

Visa      MasterCard      Discover      American Express

Credit/Debit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

CV2 Code (On Back) \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**I authorize STRATA Networks to initiate debit entries to my credit/debit card indicated above and authorize the financial institution (bank/ credit union) to debit my account for payment of my STRATA Networks account. I understand this authorization is subject to the terms and conditions of the EFT agreement.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Card Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

You may return this form with your monthly payment, mail to STRATA NETWORKS, PO Box 398, Roosevelt, UT 84066; or deliver it to a STRATA NETWORKS store located at 211 E 200 N, Roosevelt or 2085 W Hwy 40, Vernal.

Entered By \_\_\_\_\_ Employee # \_\_\_\_\_ Date \_\_\_\_\_