



Electronic Funds Transfer (EFT) Authorization

Terms and Conditions

Customer may terminate this agreement for any reason whatsoever by giving Strata Networks oral or written notice of the agreement termination. Termination may not be effective until three business days after Strata Networks receives notice of termination.

Should customer desire to place a "stop payment order" on any future debit, customer may do so by giving Strata Networks 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 Networks for insufficient funds.

Customer may amend this agreement to include payment of additional or substituted Strata Networks accounts by requesting Strata Networks 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 Networks will reimburse customer for any amounts wrongfully debited from customer's checking or savings account. Strata Networks 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/Savings Information

Name: _____

Name as Shown on Billing Statement

Bank Name: _____

Bank Routing #: _____

Checking or Savings Account #: _____

Credit Card Information

Name: _____

Card Type: Visa Mastercard Discover Am. Express

Card #: _____

Expiration Date: _____

CVV2: _____

Code on Back of the Credit Card

Strata Account/Phone Number(s) to be Paid by EFT

Authorization Signature:

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 payment 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:** _____

For Office Use Only

Entered By: _____

Employee #: _____

Date: _____



435.622.5007



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