



PO Box 1084 Jericho, VT 05465  
802-899-2044 General Inquiries & Tech Support

**DEBIT ORIGATION AUTHORIZATION FORM**

*Please retain a copy of this authorization form for your records.*

**Financial Institution: Union Bank Company: Mansfield Community Fiber Inc.**

I authorize Mansfield Community Fiber Inc. to initiate withdrawals from my account at the financial institution named in this application for payment of my Internet and related services. This authorization will remain valid until I, Mansfield Community Fiber Inc., or my financial institution revokes it.

All monthly bills will be mailed on or about the first of each month indicating the amount due. **The full amount due will be deducted on the 10th business day of each month.** An automatic payment of a monthly bill can be suspended by notifying Mansfield Community Fiber Inc., at any time prior to 4:00 PM three business days before the payment is scheduled to be deducted from your account. I understand that three or more suspensions in a 12-month period will result in cancellation of my participation in the Direct Payment program.

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of Mansfield Community Fiber Inc. or my financial institution with respect to each other. I further understand that Mansfield Community Fiber Inc. and my financial institution reserve the right to terminate the Direct Payment plan and /or my participation in it. If I wish to discontinue my participation in the Direct Payment plan, I may do so by notifying Mansfield Community Fiber Inc. in writing, including via email to [billing@mcfibervt.com](mailto:billing@mcfibervt.com).

**I understand that there is a \$ 15.00 charge for a returned transaction including but not limited to insufficient funds, non-existing account, closed account, etc.**

\_\_\_\_\_  
**Authorization Account Holder Signature Print Name Date**

\_\_\_\_\_  
**Email Address (Please Print)**

**Please retain a copy of this authorization form for your records. Attach voided check.**

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

**Bank Phone Number:** \_\_\_\_\_

**Address of Financial Institution:** \_\_\_\_\_

**City: State: Zip Code:** \_\_\_\_\_

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

**Please check appropriate box:  Checking  Savings**