

## Elevate Fiber Automatic Payment Plan "POWER PAY"

Elevate Fiber offers you a simple way of paying your monthly bill with "POWER PAY". This service offers a worry free customer convenience, saving you time in writing and mailing checks.

HERE'S HOW IT WORKS: Your Elevate Fiber statement(s) you receive each month will show the net amount that will be deducted from your bank account or charged to your credit/debit card and the date the deduction/charge will take place. The date of the deduction/charge is the due date of your bill. Your bank/credit card statement will reflect the payment and the date the payment was debited from your checking account or charged to your credit card.

To sign up for the service, please fill out the form below and mail it to: Elevate Fiber, Attention: Customer Service, PO Box 1648, Montrose CO 81402

If you choose the automatic deduction from your checking/savings account please attach a voided check or a copy of a voided check to ensure we have the correct bank routing number. If you choose to pay via credit card, it must be a Visa or Master Card.

Your bill statement will indicate the date your "Power Pay" will become effective. If you have any questions please call us at 1-877-687-3632

## Elevate Fiber AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT PLANS "POWER PAY"

I/We hereby authorize Elevate Fiber to automatically deduct from my checking account or charge to my credit card my monthly Elevate Fiber bill.

FINANCIAL INSTITUTION/CREDIT CARD COMPANY		
YOUR ACCOUNT NUMBER		
PLEASE CHECK ONE:	CHECKING ACCOUNT	SAVINGS ACCOUNT
	CREDIT CARD	Expiration Date
This authority is to remain in effect until Elevate Fiber has received notification from me/us to revoke the authorization. Elevate Fiber will, at least 10 days prior to transfer date, mail written notice of the amount to be debited/charged from your account and the scheduled date of the deduction/charge. Elevate Fiber reserves the right to remove a customer from the "POWER PAY" plan based on repetitive insufficient fund transactions.  NAME(S)  (PLEASE PRINT)		
ELEVATE FIBER ACCO	UNT #	
DATE SIG	SNED	SIGNED
HOME TELEPHONE #	W	/ORK TELEPHONE #