

# Green Mountain Wireless, LLC

## MONTHLY ACH / E-CHECK DEBIT AUTHORIZATION

I hereby authorize Green Mountain Wireless, LLC to process a monthly debit payment for my account balance. This payment is to be processed according to the due date of my billing cycle. Once my monthly debit payment goes into effect, I will receive a statement each month stating the amount charged, and my account balance.

Name on GMW Account: \_\_\_\_\_

Service Address: \_\_\_\_\_  
Street City State Zip

Bank Name: \_\_\_\_\_

Bank Account Type (circle one): Personal Savings / Personal Checking / Business Checking

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

*I understand that this agreement will remain in effect until I notify Green Mountain Wireless, LLC of its cancellation by sending written notice no later than 15 days prior to my processing date.*

Account Owner's Signature: \_\_\_\_\_

Account Owner's Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

Please attach a voided check and mail this form to the following address:

Green Mountain Wireless, LLC  
788 Maple St  
Vergennes, VT 05491

