



## EZ PAY AUTHORIZATION FORM

Thank you for choosing the Locl.net EZ PAY payment option. The bank requires that we have a signature on file so please complete the following form, sign it and fax to 260-665-1993 or return it to:

LOCL.net, Inc  
P.O. Box 1100  
Angola, IN 46703

Name on the Account \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

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

Account # \_\_\_\_\_

Account Type:      Checking [  ]      Savings [  ]

I, the undersigned, give permission to Locl.net to automatically withdraw from the bank account mentioned above, my monthly payment in the amount of \_\_\_\_\_ as payment for my Internet account number \_\_\_\_\_ provided by Locl.net, Inc. The deduction will be made on the 3<sup>rd</sup> of each month for that month's service.

I understand that I must inform Locl.net of any intention to close my account or change my payment option no later than the 25<sup>th</sup> of the month to prevent the automatic deduction from being taken from my account the following 3<sup>rd</sup>.

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

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Locl.net Email address: \_\_\_\_\_@locl.net