ENHANCED TELECOMMUNICATIONS DIRECT DEBIT PAYMENT PLAN ENROLLMENT FORM

Debits will be made on/around the 17th of each month.

ETC CUSTOMER INFORMATION	FINANCIAL INSTITUTION INFORMATION
_____ Customer Name (as shown on bill)	_____ Name of Financial Institution
_____ Customer Address (as shown on bill)	_____ ABA Transit Routing No. *(Nine digit number located on bottom of check or deposit slip.)*
_____ City State Zip	_____ Account Number
_____ Customer Account Number(s) *(Ex: 0010001000)*	Checking Account ____ Savings Account ____ *Please be sure to enclose a voided check for the checking account; a deposit slip for the savings account.*
_____ Customer Phone & Video Account Number(s) *(Ex: Phone 623-0000-0, 932-0000-0, 222-000-0;* Video *84-00000-0)*	(____) _____ - _____ Bank Telephone Number

AUTHORIZATION FORM: I authorize Enhanced Telecommunications Corporation to instruct my back, savings & loan, or credit union to pay my total monthly bill from my checking or savings account listed above. I understand that I control my payments. If at any time I decide to discontinue this payment service, I will give Enhanced Telecommunications Corporation 30 days notice. Discontinuance of the Direct Debit Payment Plan shall not affect any amounts owed by me to the company.

_____ _____

Signature Date