



ACH Authorization Form

Credit/Debit Authorization Form:

(I/we), the undersigned, do hereby authorize **NEWco High-Speed Internet** (collectively "The Company") to initiate recurring (debit or credit) entries to (my/our) checking/savings account at the financial institution listed below (The Financial Institution). (I/we) acknowledge that the origination of ACH transactions to (my/our) account must comply with the provisions of U.S. Law. This authority will remain in effect until The Company is notified by me (us) in writing which shall specify the date on which the cancellation is effective and shall be at least fourteen (14) days prior to the date of cancellation in order to afford The Company and The Financial Institution a reasonable opportunity to act on it.

I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above as evidenced by my signature below.

Name: _____

Address: _____

Phone: _____

Name of financial institution: _____

Address of financial institution: _____

Financial institution **Routing Number:** _____

Financial institution **Account Number:** _____

Signature: _____

Please mail a signed copy of this form to:

NEWco

PO Box 5233

W. Lebanon, NH 03784

877-543-8429

info@gawhsi.com