

Pre-Authorization Form For Recurring Payment with a debit/credit card or from a bank account

I authorize Orbitel Communications to keep my signature on file and to charge my debit/credit card/account, on an ongoing basis, for the total amount billed on my most recent Orbitel Communications statement.

I understand that this authorization is valid indefinitely unless I cancel the authorization through written notice. I also agree to contact the merchant if there are any changes to my card information. If I wish to change this information, I will call Orbitel Communications and request a new Pre-Authorization form.

(Please complete the top section of the form below along with the credit card or bank account section near the bottom of the page. Please be sure to sign at the bottom)

| Type of Account (circle one): | Visa | MasterCard | Discover | Checking | Savings |
|--|-----------|-------------------------|------------------------|----------|---------|
| Orbitel Account Number | | Name on Orbitel Account | | | |
| Date to Begin Automatic Payment | • | | | | |
| Account Name - Name Listed on Credi | t Card or | Bank Statement | | | |
| Account Address - Address Where the | Credit C | ard or Bank Stateme | ent is Mailed | | |
| City | | State | | | Zip |
| Daytime Phone Number | | Evening Phone Nu | ımber | | |
| To use a credit card, fill out this section: | | To use a bank acc | ount, fill out this se | ction: | |
| Credit/Debit Card Number | • | Name of Bank | | | |
| Expiration Date - Month and Year | • | Bank Routing Nun | nber | | |
| | | Bank Account Nur | mber | | |
| Signature | | _ | Date | | |