

Authorization Statement for Automatic Bill Payment

Name (please print) _____ Date _____ Integra Account # _____

Email _____ Telephone Number _____

Payment Method

Checking Account

Please provide a **voided check** along with the authorization statement and return with your payment

One Time Payment

Recurring Payment

Banking Institution _____

Credit Card



One Time Payment

Recurring Payment*

* A one time processing fee of \$10.00 will be assessed for establishment of the automatic credit card option .

Credit Card # _____

Security Code # _____ Exp. Date _____ / _____

I hereby request Integra Telecom and authorize the financial institution named to initiate the debit entries to my bank or credit card account to pay my monthly telecommunications bill. This authority is to remain in full force and effect until Integra Telecom has received written notification of its termination in such time as to afford a reasonable opportunity to act upon it. I have the right to stop payment within seven days of the due date. I am responsible for notifying both Integra Telecom and the financial institution named of this stop payment request. I understand that both Integra Telecom and the financial institution named reserve the right to terminate this payment plan or my participation in it.

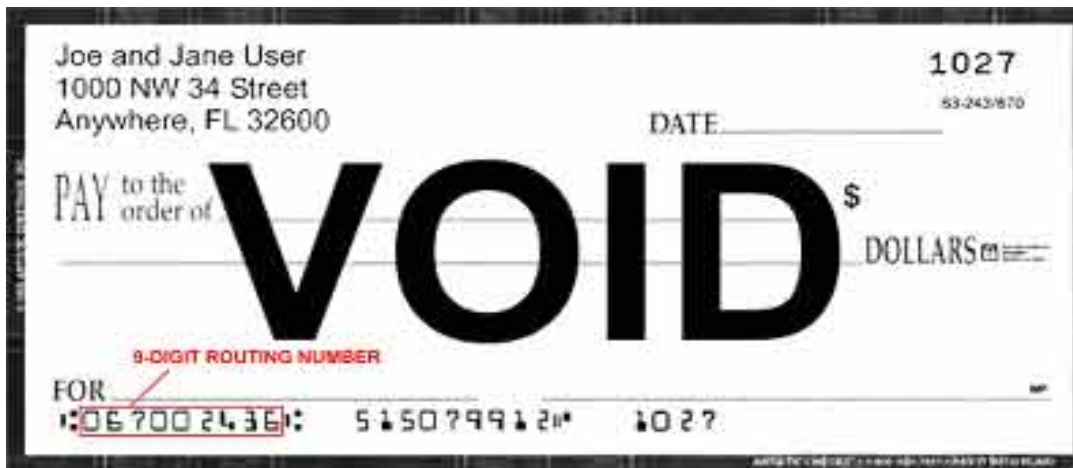
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Signature _____

Please fax to your local Integra Customer Care Office:

Minnesota - Twin Cities: (952) 746-7401
Minnesota - Outstate: (877) 888-4002
Minnesota - Prior Lake: (952) 447-3600
North Dakota: (877) 888-4002

Oregon/SW Washington: (503) 453-8708
Utah: (801) 956-5774
Washington: (253) 867-1001



Please be sure to attach a voided check for automatic check payment option.