



AutoPay ACH Authorization
Phone: (800) 499-5912
Fax: (866) 212-7987

AutoPay ACH Authorization Form

DATE _____

UniTel Account Number _____

Account Holder's Name _____

Email Address (mandatory) _____

NOTE: UniTel will never share, sell, or trade your information with any third party

Bank Name _____

Routing / Transit Number _____

*** See diagram to the right ***

Bank Account Number _____

*** See diagram to the right ***

Please check one:

Checking Acct.

Savings Acct.

Please initial: YES _____

Charge my account automatically each month for the total invoice amount due.



Routing
Transit Number

Account
Number

I AUTHORIZE UNITEL TO CHARGE THE ABOVE CHECKING/SAVINGS ACCOUNT FOR THE AMOUNT AND TERMS LISTED ABOVE.

Customer's Name (printed) _____

Customer's Signature _____

*** If UniTel is unable to process the above transaction, a \$25.00 fee will be charged to the customer's account. ***

• 932 N. Wright Street • Suite 104 • Naperville, Illinois 60563 •