



Debit Authorization

I (we) hereby authorize LymeFiber LLC, to initiate debit entries to my (our) account indicated below and the financial institution named below, to debit the same account for telecommunication services. I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with the provisions of U.S. law.

_____ FINANCIAL INSTITUTION _____ ROUTING NUMBER _____

_____ CITY _____ STATE _____ ZIP CODE _____

_____ ACCOUNT []=CHECKING []=SAVINGS

This authority is to remain in full force and effect until LymeFiber LLC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford LymeFiber LLC a reasonable opportunity to act on it.

_____ Signature _____ Signature _____

_____ Print Name _____ Print Name _____

_____ Date _____ Date _____

Please Provide Your Service Address Below:

_____ STREET _____ CITY _____
_____ STATE _____ ZIP CODE _____

Please return the completed document via [email](#), or mail to the address below.

LymeFiber
C/O ValleyNet, Inc.
P.O. Box 323, South Royalton, VT 05068