



## FTS EASY BILL PAY ACH AUTHORIZATION FORM

Please follow the instructions below to complete this FTS Easy bill Pay ACH Authorization Form.

### Instructions

1. Complete the form and type or write in black ink legibly all billing information in the blanks below.
2. Make sure the form is signed with the Account holder's signature on the line indicated.
3. Your billing address must be exactly as it appears on your Bank Statement. Please check your statement for accuracy to avoid delays.
4. Include a Blank VOIDED check.
5. Send the completed ACH form and Blank VOIDED check to

FTS Telecom  
 355 S Ronald Reagan Blvd.  
 Longwood, FL 32750

If you have any questions please email us [accounting@ftstelecom.com](mailto:accounting@ftstelecom.com)

I, \_\_\_\_\_, hereby authorize Florida Telephone Services (FTS) to automatically charge my bank account for the total balance due on my Florida Telephone Services statement on or before the payment due date each month. I understand that the balance due may vary from month to month depending on the services provided and that the statement will be sent to me approximately two weeks before the payment due date. I warrant that I am the authorized account holder for the bank account indicated and that funds are available. I understand that all funds provided to Florida Telephone Services are non-refundable. I may cancel this payment option at any time by providing written notice to Florida Telephone Services. ACH is a free service.

Please check the box identifying your type of Account you are authorizing FTS to charge and fill the applicable fields:

Bank Account                       Other Account

Name as it appears on your FTS Account: \_\_\_\_\_

FTS Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Routing Number for ACH: \_\_\_\_\_

Billing address of Bank Account: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
 Authorized Bank Account Signature

\_\_\_\_\_  
 Date

Please retain a copy for your records