

ECHECK Auto Pay Authorization

I authorize Supervision Inc. to charge my banking account listed below, starting on the _____
_____. I understand that my account will be charged on or about the 20th of each month thereafter
for the full balance due on my account.

My account information is as follows:

Bank Name: _____

Bank Account Type: ___Checking _____Savings _____Business Checking

Bank ABA Routing Number: _____

Bank Account Number: _____

This payment authorization is valid and to remain in effect unless I, _____ notify
Supervision Inc. of its cancellation by sending written notice at any time to 6270 E Beechcraft Rd Wasilla,
AK 99654, csr@yukontel.com or fax to 907-745-5362.

Printed Name

Signature

Date

Accounts authorized for payment:

Please attach a voided check below and fax form to: 907-745-5362 or scan and email to
csr@yukontel.com. Payments cannot be authorized until the form is received.