

WTC Application/Change in Service

CUSTOMER INFORMATION

Date _____

ACCOUNT HOLDER JOINT HOLDER

Account #41800 _____

Provision # _____ PIN # _____ Other _____

Name _____ DOB _____

SS# _____ Contact Phone # _____

Employer Name & Number _____

Email _____

Service Address _____ Own Rent

City, State, Zip _____

Billing Name & Address (if different) _____

Authorized User(s)

Name _____ Relationship _____

Name _____ Relationship _____

Authorized users can access billing information, but not the account holder's personal information, such as a Social Security Number. They can request change in service and can make payments. Authorized user is not legally responsible for paying the bills incurred by the Account Holder. Must be 18 years of age or older.

WTC Local Telephone Services

PIN # required for service.

New Change _____ \$ _____ /mo

New Change _____ \$ _____ /mo

WTC Long Distance Bundled Minutes

PIN # required for service.

New Change _____ \$ _____ /mo

WTC Cable TV Services

New Change _____ \$ _____ /mo

New Change _____ \$ _____ /mo

WTC High Speed Internet

New Change _____ \$ _____ /mo

WTC Express Fiber

New Change _____ \$ _____ /mo

Internet Username _____@netwtc.net

Set-Up \$ _____

Internet Security Password _____

Installation \$ _____

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AUTHORIZATION FOR DIRECT DEPOSITS (ACH DEBITS)

I (we) hereby authorize WTC Communications hereinafter called COMPANY, to initiate debit entries from my (our) checking account indicated below and the financial institution named below, hereinafter call RECEIVING BANK, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of the U.S. Law.

RECEIVING BANK NAME _____

City, State, Zip _____

Name(s) on Account _____

Transit/ABA# _____

Account # _____ Checking Savings

This authority is to remain in full force and effect until COMPANY has received notification from me (or either of us) of it's termination in such time and in such manner as to afford COMPANY and RECEIVING BANK a reasonable opportunity to act on it.

WTC COMMUNICATIONS EMAIL BILLING

Email _____

I understand that I am responsible for my bill and its timely payment. I also understand that it is my responsibility to let WTC Communications know if I don't receive my bill by e-mail or if my e-mail address changes.

WTC Wiring Maintenance

*Yes, I want WTC Communications to repair and maintain my wiring from the DMARC to the jack for \$3/mo.

*No, I will be responsible for repair and maintenance of my wiring from the DMARC to the jack or will pay WTC Communications labor plus materials.

WTC Equipment Agreement

I have received equipment from WTC Communications. I agree to pay for the replacement of this equipment if it is lost, stolen or damaged. I am responsible for returning this equipment to WTC in good working order within 14 days after disconnect date. Failure to return equipment will result in an equipment replacement fee that will be charged to your account. Replacement equipment can cost up to \$500. **Customers Initials:** _____

CUSTOMER AUTHORIZATION

*Authorized by _____ Date _____

*Authorized by _____ Date _____

CUSTOMER CHECK-OUT

Notes _____

TOTAL AMOUNT DUE \$ _____