



DEBIT/CREDIT AUTHORIZATION AND PAYMENT AGREEMENT

Schedule 3

SYNERGY TELECOM, INC.
 4536 Thousand Oaks, Suite 104
 San Antonio, TX 78233
 Ph. 800.458.1336 Fax 800.458.1329

_____ Date

CUSTOMER INFORMATION - REQUIRED

Company Name:			Tax ID:		
Billing Address:			Street Address:		
City: State: Zip:			City: State: Zip:		
Phone:		Fax:		Email:	
Principal Owner Name:				SS#:	
Principal's Address:					
City:		State:		Zip:	

ACCOUNT INFORMATION - REQUIRED

Account Name:			Account #:		
Financial Institution:			Branch Location:		
Branch Address:		City:		State: Zip:	
Transit / ABA #:		Checking: <input type="checkbox"/>		Savings: <input type="checkbox"/>	
Signer Name:			Signer Title:		

I (we) hereby authorize Synergy Telecom, Inc., hereinafter called Synergy, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries in error to my (our) Checking () Savings () account (Select one) indicated above at the depository named above, hereafter called Depository, to credit and/or debit the same to such account.

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

Owner - Principal / Authorized Signer : _____
(PLEASE PRINT)

Signature: _____ **Date:** _____

1. Completely fill in the top portion of this form.
2. Affix voided check here! (Temporary checks NOT accepted)
3. Voided check must bear ABA routing number and account number in MICR characters.
4. Make sure that instrument is from which funds are to be transferred.
5. Void the instrument properly.
6. Complete account name, signer name and signer title.
7. Fax this form to Synergy at 1.800.458.1329 and then mail to:

Synergy Telecom, Inc.
 4536 Thousand Oaks, Ste. 104
 San Antonio, TX 78233