



ACH PAYMENT INFORMATION

CUSTOMER NAME: _____

BILLING EMAIL: _____

ACCOUNT NAME: _____

BANK: _____

BANK ID (ROUTING#): _____

BANK ACCOUNT #: _____

ACCOUNT TYPE: _____

BILLING ADDRESS: _____

I hereby authorize Towerstream to debit my account for payments due under my Internet Service Agreement.

Signature: _____

Signed By: _____ **Date:** _____

Please forward signed form to:
Towerstream
76 Hammarlund Way # 130
Middletown, RI 02842
FAX: 401-608-8305 PHONE: 866-848-5848 x 9102
Email: billing@towerstream.com