

Customer ID# \_\_\_\_\_  
Effective Date \_\_\_\_\_  
Monthly Charge \_\_\_\_\_  
Billing \_\_\_\_\_



## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I (we) hereby authorize \_\_\_\_\_ to initiate credit/debit entries to my (our)  Checking  Savings (*select one*) listed below at the Financial Institution indicated, to credit/debit such account.

Financial Institution: \_\_\_\_\_  
Branch: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Routing/Transit Number: \_\_\_\_\_  
Account/Bank Number: \_\_\_\_\_

This authorization is to remain in full force and effect until we have received written notification from you (or either of us) of its termination in such time and in such manner as to afford the Financial Institution and us a reasonable opportunity to act on it. We deem this to be fifteen days.

Name(s): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Note:** All written credit/debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

1. Please select the following, using lower case letters and/or numbers only, to a maximum of 10 characters:

USERNAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

2. Please indicate your area code and city: AREA CODE: \_\_\_\_\_ CITY: \_\_\_\_\_

OR, if you already know which access number you would use: (\_\_\_\_) \_\_\_\_\_

3. Do you want UNLIMITED or LIMITED (circle one) 56k access?  
Other account type? \_\_\_\_\_

4. Finally, please fill out this form, attach a voided check and fax or mail to:

**Leapfrog Internet**  
Attn: Billing Department  
P O Box 5259  
Breckenridge, CO 80424-5259  
Fax: 313.557.1637