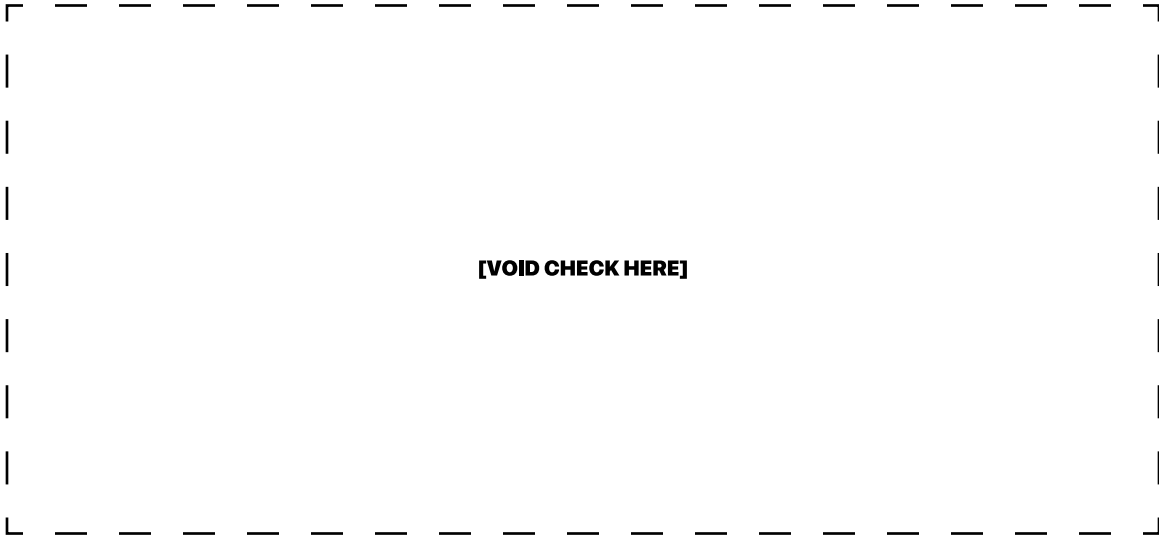


I, _____, authorize Conifer Communications, Inc. to charge my
PRINT ACCOUNT HOLDER NAME
_____ bank account starting on _____ and
PRINT BANK ACCOUT TYPE PRINT DATE OF SERVICE ACTIVATION
on my payment due date of each month following, through the duration of my service, for the amount of my current service.

My account information is as follows:

Bank Name: _____	 	<input type="checkbox"/> Checking
Bank ABA Routing Number: _____		<input type="checkbox"/> Business Checking
Bank Account Number: _____		<input type="checkbox"/> Savings



I have provided a voided check for account accuracy

This payment authorization is valid and to remain in effect unless I, _____, notify
PRINT ACCOUNT HOLDER NAME
Conifer Communications, Inc. of its cancellation by sending written notice by mail to PO Box 3411, Sonora, CA 95370, or by
email to mail@conifercom.net.

SIGN ACCOUNT HOLDER SIGNATURE _____ PRINT ACCOUNT HOLDER NAME _____ DATE