Direct Payment/Bank Draft
Authorization Agreement

PLEASE PRINT ON THIS FORM!!!

I hereby authorize OMNI III Cable T.V.INC., herein called COMPANY, to initiate debit entries to my CHECKING account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I understand however, that both the Bank and OMNI III Cable T.V.INC., reserve the right to terminate this payment plan, (or my participation therein).

A $25.00 service charge will be applied to all returned auto debits.

Name of Bank, Savings & Loan, Credit Union — Account Number

Bank Address, City & State

Customer's Name as Accepted by the Bank — Customer's (Grand)Telephone Number

Customer's Address, City & State — Date

Signature as accepted by the Bank — OMNI III Account Number

TAPE YOUR VOIDED CHECK HERE

RETURN FORM TO: OMNI III CABLE T.V., INC.
PO BOX 308
JAY OK 74346 918-253-4545

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[1] Revised06.28.07rb/bed 2 Revised 02.28.13/rb/sls