



## eCheck Payment Form

OCOSA Communications will accept eCheck payments for amounts not exceeding US \$10,000 USD. Higher amounts will need to be coordinated by our accounts receivables team.

Please print and completely fill out the following form to ensure timely processing. Credit card and address information is confidential; the completed form should be e-mailed, faxed, and/or mailed to OCOSA Communications at:

FAX: 918.585.5857 or

OCOSA Communication, LLC (OCOSA)  
ATTN: Billing Department  
P.O. Box 3432  
Tulsa, OK 74101-3432  
United States of America

ACCOUNT NAME TO BE PAID: \_\_\_\_\_

(as shown on OCOSA bill in parenthesis. For example (ocosa) )

Bank Information:

Financial Institution Name: \_\_\_\_\_

Financial Institution Routing Transit Number/ABA#: \_\_\_\_\_

Financial Institution Account Number to be charged: \_\_\_\_\_

**IMPORTANT:**

**Please also attach a copy of a voided check, your driver's license, TAX ID number, and/or Social Security Number.**

I, (customer) attest by fixing my signature below, the information above is true and correct.

Customer: \_\_\_\_\_ (PRINT)

Signature: \_\_\_\_\_ (SIGN) (Must be an authorized signer for the account)

Date: \_\_\_\_\_

**Fee Schedule**

- **Service Charge - \$0.00 USD.**
- **Insufficient funds / Returned Checks - \$28.00 USD + amount charged by OCOSA.**

By signing the form above you agree to all terms and conditions of this service.