

Dear Valued Wave Broadband Customer:

Thank you for your interest in Wave Broadband's eBill and Recurring Direct Debit programs.

Please carefully read, complete and sign the attached Enrollment Form. Please be sure you have done the following:

1. Fill out the Enrollment Form completely.
2. Attach a voided check (a deposit slip is not sufficient) with the Enrollment Form.
3. Review the Terms and Conditions.
4. Sign and date the Enrollment Form.
5. Return the completed Enrollment Form and your voided check by mail or by fax to:

By mail: Wave Broadband, Attention: Billing
P.O. Box 34808, Seattle, WA 98124

By fax: 877-205-4295

Or, deliver the completed Enrollment Form and your voided check to your local Wave Broadband office or retail center.

Please continue to pay your Wave Broadband billing statement as you have in the past until your statement reflects your Recurring Direct Deposit enrollment was successfully processed.

If you have questions or need additional information, please contact us at 866-928-3123.

Thank you.

WAVE BROADBAND

eBill and Recurring Direct Debit Payment Enrollment Form

eBill Enrollment

I, the customer identified below ("Customer" or "I" or "my"), authorize Wave Broadband to enroll me in Wave's eBill program. I understand my paper billing statement will be suppressed and I must access **www.wavebroadband.com** to view my monthly billing statement information or to download a copy of my Wave Broadband bill. I have provided in the space below an email address that Wave can use to notify me when my monthly billing statement is available for viewing on-line. I understand I can cancel my participation in Wave's eBill program at any time on notice to Wave.

Request Type (Check One): New Enrollment Cancel eBill

Email Address: _____

Recurring Direct Debit Authorization

<i>Wave Broadband Account Information</i>	<i>Customer Contact Information</i>
Customer Name: (As it appears on your Wave Broadband bill)	Contact Name:
Wave Broadband Account Number:	Phone:
Service Address:	Email Address:
Request Type (Check One): <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Information <input type="checkbox"/> Cancel Recurring Direct Debit Authorization	Billing Address:

I authorize Wave Broadband to initiate scheduled recurring electronic funds transfers from my checking account identified below ("my account") for payments due from time to time on the Wave account shown above. I understand Wave will initiate transfers from my account for the amount due. I understand I have the right to receive written notice of the scheduled date and amount of each transfer varying in amount from the previous transfer.

I authorize Wave to initiate transfers only in the amounts shown on Wave's monthly billing statements that are sent to me at least 10 days before the scheduled payment due date shown on each such billing statement. I understand billing statements will be sent to my billing address or emailed to my email address if I have elected eBill enrollment. The scheduled payment dates will be the payment due dates shown on each such billing statement – except when such payment due date falls on a day that is not a business day at the financial institution that maintains my account, in which event the scheduled payment date will be the next business day after the payment due date shown on the billing statement.

ALL CUSTOMERS WILL RECEIVE MONTHLY BILLING STATEMENTS REGARDLESS OF THE OPTION SELECTED.

I understand that authorization of electronic funds transfers from my checking account as the method of making payments on my Wave account identified above is entirely optional and is not required to obtain or maintain my account with Wave.

I understand that I may at any time by notice to Wave, request that electronic fund transfers from my checking account pursuant to this Authorization be discontinued, and that Wave will not initiate further electronic transfers from my account pursuant to this Authorization after Wave has received my notice and had a reasonable period of time on which to act upon it. This right is in addition to my rights to stop payment by directly contacting my financial institution where I maintain my account.

By my signature below, I acknowledge I understand and authorize all of the above, I acknowledge and agree to the Terms and Conditions on the reverse side of this form, and I acknowledge receiving a copy of this Authorization for my records.

REQUIRED INFORMATION: Please attach a copy of a voided check for the account listed below.

Financial Institution:	Bank Routing / ABA Number: (first nine digits – see bottom of check)
Branch:	Bank Account Number:
City / State / Zip Code:	

Customer's Authorized Signature: _____ **Date:** _____

Please return the completed and signed Authorization form and your voided check by mail or fax to:

MAIL: Wave Broadband, Attention: Billing, P.O. Box 34808, Seattle, WA 98124
FAX: 877-205-4295

Terms and Conditions

There will be no change in the billing cycle or due date of my Wave Broadband bill.

If an electronic funds transfer from my checking account cannot be made because of insufficient funds, a returned debit item fee of \$25 will be charged to my account.

If an electronic funds transfer from my checking account cannot be made for two consecutive months my participation in the Recurring Direct Debit Authorization program will be cancelled.

All notices to Wave Broadband must be made in writing and sent to the following address:

Wave Broadband
Attention: Billing
P.O. Box 34808
Seattle, WA 98124