

ENROLLMENT CHECKLIST

1

Enroll in
integraCare®

Create your integraCare account by logging onto www.integratelecom.com.
Click on the Customer Care tab and select [Manage Your Account](#).
Select [Create an Account](#) and complete the online form.

2

Enroll in
Paperless
Billing

Use your new integraCare account to enroll in Paperless Billing.
Click on the [Paperless Billing](#) button in the lower right corner of your [Account Profile](#) page.
Complete the Paperless Billing sign-up form.

3

Enroll in
Automatic
Payment

Paperless Billing allows you to receive your monthly statement online and automatic payment allows you to have your monthly payments automatically deducted from your checking or credit card account. Complete the form below to sign up for automatic payment.

Name (please print) _____

Integra Account # _____

Email of Responsible Party _____

Telephone Number _____

CHECKING ACCOUNT

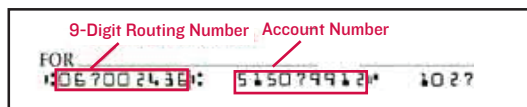
Banking Institution _____

One Time Payment

Recurring Payment

Routing Number _____

Account Number _____



CREDIT CARD



(Circle One)

Credit Card # _____

Security Code # _____

Exp. Date _____ / _____

One Time Payment

Recurring Payment

I hereby request Integra Telecom and authorize the financial institution named to initiate the debit entries to my bank or credit card account to pay my monthly telecommunications bill. This authority is to remain in full force and effect until Integra Telecom has received written notification of its termination in such time as to afford a reasonable opportunity to act upon it. I have the right to stop payment within seven days of the due date. I am responsible for notifying both Integra Telecom and the financial institution named of this stop payment request. I understand that both Integra Telecom and the financial institution named reserve the right to terminate this payment plan or my participation in it. This facsimile transmission (and/or other documents accompanying it) may contain confidential information belonging to the sender. The information is intended only for the use of the individual or entity names above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited.

Signature _____ Date _____

Please fax to your local Integra Customer Care Office:

Arizona: (602) 889-6046

California: (916) 231-0176

Colorado: (303) 248-7001

Idaho: (208) 947-5002

Minnesota - Twin Cities: (763) 404-7704

Minnesota/North Dakota: (218) 824-4001

Minnesota - Prior Lake: (952) 447-3600

Nevada: (775) 689-2441

Oregon/SW Washington: (503) 953-7706

Utah: (801) 505-4200

Washington: (253) 867-1001

