



Dear Valued Customer,

Thank you for your interest in Sprint's Recurring Direct Debit program.

Please review and complete the attached enrollment form:

- 1. Fill out the enrollment form completely.**
- 2. Attach a voided check or savings deposit slip with the enrollment form.**
- 3. Review the Terms and Conditions.**
- 4. Include your signature at the bottom of the enrollment form.**
- 5. Return the enrollment form and supporting document by fax or mail to:**

Sprint
Attn: RDD
P.O. Box 4313
Englewood, CO 80155

Fax Number: 800-784-5272

Until you receive a confirmation that you're Recurring Direct Debit enrollment was successfully processed, please continue to pay your Sprint invoice as you have in the past. For additional support, contact Sprint Customer Care at 1-800-639-6111 or 611 from your Sprint phone.

Sincerely,

Treasury Operations
Sprint



eBill & Recurring Direct Debit Payment Enrollment Form

Recurring Direct Debit

Sprint Account Information	Contact Information
Customer Name: <i>(as it appears on the Sprint bill)</i>	Contact Name:
Sprint Account :	Contact Mailing Address:
Sprint Phone:	Phone:
Request Type <i>(Check One)</i> : <input type="checkbox"/> NEW enrollment <input type="checkbox"/> CHANGE information <input type="checkbox"/> CANCEL recurring payment	Fax:

The customer identified above (herein referred to as "Customer" or as "I" or "my") authorizes SPRINT to initiate scheduled recurring electronic funds transfers from Customer's checking or savings account identified herein for payments due from time to time on the SPRINT Account Number shown above. I understand that I have the right to receive written notice of the scheduled date and amount of each transfer varying in amount from the previous transfer and, accordingly, transfers pursuant to this authorization shall be initiated by SPRINT only in the amounts shown on SPRINT's monthly billing statements sent to my last known billing address at least 13 days before the scheduled payment date shown on each such billing statement. 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 Customer's financial institution which maintains Customer's checking or savings account, in which event the scheduled payment date will be the next business day after the payment due date shown on the billing statement.

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

I understand that I may at any time, by written notice to SPRINT, request that electronic transfers from my checking or savings account pursuant to this authorization be discontinued, and that SPRINT will not initiate further electronic transfers from my checking or savings account pursuant to this authorization after SPRINT has received my written notice and had a reasonable period of time in which to act upon it. (This is in addition to my rights to stop payment by directly contacting the financial institution where I have the checking or savings account listed herein).

I understand and authorize all of the above as evidenced by the signature below and acknowledge receiving a copy of this authorization.

Authorizing Signature: _____

Date: _____

REQUIRED: Please include a copy of a voided Check or Savings deposit slip for the account listed below.

Financial Institution:	Bank Routing /ABA: <i>(first 9 digits, see bottom left corner of the check)</i>
Branch:	Bank Account Number:
City/State/Zip Code:	Select one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

eBill

By enrolling in this program, your paper invoice will be suppressed and you must access www.sprint.com/mvnextel to view your monthly invoice information or to download a copy of your bill. Please provide in the space below an email address that Sprint can notify you when your monthly invoice is available for viewing online.

Request Type (Check One): NEW enrollment CANCEL eBill

Email Address: _____

Return the completed form and voided check or savings deposit slip by:

Fax:
1-800-784-5272

OR

Mail:
Sprint
Attn: RDD
P.O. Box 4313
Englewood, CO 80155

Terms and Conditions

There will be no change in the bill cycle or due date of the Sprint bill. Notice of the bill amount and date of transfer will be available thirteen (13) days before the scheduled date of transfer.

Customer will be charged the entire balance on their Sprint Account as reflected on their last bill statement with their next bill cycle upon successful enrollment in the Recurring Direct Debit (RDD) payment program.

If an 'item' is returned as insufficient funds, a returned debit item fee of \$25.00 will be charged to your account.

RDD participant with a payment that is returned 2 (two) months in a row will be automatically cancelled from the program.

All written notices to Sprint must be sent to the following address:

Sprint
Attn: ACH Direct Debit
P.O. Box 4313
Englewood, CO 80155

Regulation E 205.10 (b)

Written authorization for pre-authorized transfers from consumer's account. Pre-authorized electronic fund transfers from a consumer's account may be authorized only by writing, signed, or similarly authenticated by the consumer. The person that obtains the authorization shall provide a copy to the customer.