

It's easy to sign-up for ExpressCheck and there are no sign-up fees or annual charges.

Simply complete and sign the authorization form and enclose it in your payment envelope or mail it to the address below. Your account will be formatted for ExpressCheck...and your checkbook can take a break!

Detach and send authorization form to:

USA Mobility

Attn: Accounts Receivable
6850 Versar Center, Suite 420
Springfield, VA 22151

USAMOBILITY™
ONE SOURCE FOR WIRELESS

Give your checkbook a
break with ExpressCheck
Automated Payment Service
from USA Mobility

For more information about
Express Check, Contact our
Customer Care Center
866-433-8726

USAMOBILITY™
ONE SOURCE FOR WIRELESS

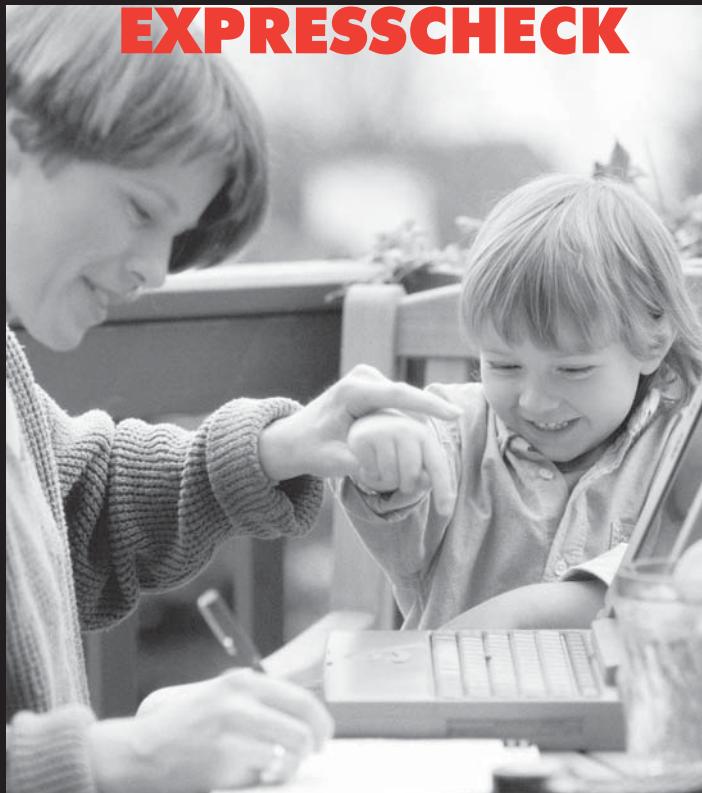
www.usamobility.com

T-Mobile™
authorized dealer



NEXTEL®
AUTHORIZED REPRESENTATIVE

HASSLE-FREE BILL PAYMENT
EXPRESSCHECK



HASSLE-FREE BILL PAYMENT WITH **EXPRESSCHECK**

Time to pay the bills again? The last thing you want to do is to write another check. Give your checkbook a break with ExpressCheck automatic payment option from USA Mobility. With ExpressCheck, your monthly charges are deducted directly from your checking account or charged to your Visa, MasterCard, American Express or Discover - at no extra charge.

- **Simple** - ExpressCheck guarantees payment every month and eliminates the possibilities of overlooked or lost bills.
- **Efficient** - ExpressCheck saves you the time and hassle of paying by check.
- **Hassle Free** - There's no need to call and verify payment. USA Mobility will mail you an invoice every month detailing your charges and the payment amount.
- **Flexible** - A new authorization form may be completed at any time you wish to change your ExpressCheck payment method or the contact information on your agreement. Contact our Customer Care Center to request a new authorization form.
- **Easy Sign-Up** - It's easy to sign-up for ExpressCheck and *there are no sign-up fees or annual charges*. Simply complete and sign the authorization form and enclose it in your payment envelope or mail it to the address on the back of the form. Your account will be formatted for ExpressCheck...and your checkbook can take a break!

Give your checkbook a break! Fill out the
Authorization Form or call our
Customer Care Center for more information.
866-433-8726.

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www.usamobility.com



ExpressCheck Authorization Form

I hereby authorize USA Mobility to make automatic monthly payments to my USA Mobility account and charge the transactions against the bank account or credit card account as indicated below:

USA Mobility Account Number

Please use the following account for automatic payments:

Bank Route Number / Checking Account Number. Please attach a voided copy of your check.

Check the credit card you wish to use:

Visa MasterCard American Express Discover

Credit card number

Exp. Date

Bank Name

- Each month, the account I have indicated above will be charged automatically for the entire balance due on my USA Mobility account.
- I will receive a statement of my USA Mobility account each month which will show the total amount I owe USA Mobility. This amount is the amount my account will be automatically charged.
- Unless I notify USA Mobility and my bank that I wish to discontinue the automatic payment service, it is my responsibility to insure that there are enough funds available in the account designated to cover the amount due on my USA Mobility invoices. If I fail to do this and a charge to my account is rejected because of insufficient funds, USA Mobility will charge my account a return item processing fee of \$20.00 and suspend my pager service until payment is received.
- This service will not take effect until the second month after I sign this agreement. Therefore, I understand that I am responsible for paying the charges for the first month in the normal manner.

This authorization to charge my account shall be the same as if I had personally signed a check or a credit card sales draft.

Further, I understand that a record of my payments will be included in my bank statement or credit card statement. I have the right to have any erroneous entry corrected. This must be done by written notice within 15 days of the date of the bank statement, or within 45 days after the debit (charge) was made.

I may revoke this authorization upon written notification to USA Mobility and my bank if I no longer wish to make automatic payments.

Signature

Date

Print Name

For office use only