

AUTHORIZATION FOR AUTOMATED WITHDRAWALS AND  
ACH DEBITS

I (we) hereby authorize Dunkerton Telephone Cooperative to debit my (our) checking account as indicated below and the depository named below for payment of services billed to me (us) for services provided by Dunkerton Telephone Cooperative.

This authorization is to remain in full force and effect until Dunkerton Telephone Cooperative has received written notification from me (or either of us) of the termination of this agreement. Such notification must be given to Dunkerton Telephone Cooperative in a timely manner so Dunkerton Telephone Cooperative can receive payment due for services.

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ PO Box \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Branch: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Please attach a voided check to this form and return to Dunkerton Telephone Cooperative.