



701 S CANFIELD ST.  
PO BOX 188  
DUNKERTON IA 50626  
319-822-4512  
[www.dunkerton.net](http://www.dunkerton.net)  
dtc@dunkerton.net

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## AUTHORIZATION FOR AUTOMATED WITHDRAWALS AND AUTOMATED CLEARING HOUSE (ACH) DEBITS

I/we hereby authorize Dunkerton Communications to debit my/our checking or savings account as indicated below and the depository named below for payment of services billed to me/us for services provided by Dunkerton Communications.

This authorization is to remain in full force and effective until Dunkerton Communications has received written notification from me/us of the termination of this agreement. Such notification must be given to Dunkerton Communications in a timely manner so Dunkerton Communications can receive payment due for services.

**A voided check, or account number verification from the financial institution, must accompany this form.**

Name(s): \_\_\_\_\_

Billing Address: \_\_\_\_\_ P O Box \_\_\_\_\_

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

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

City/State: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking     Savings

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