

# ACH PAYMENT AUTHORIZATION

Customer Name: \_\_\_\_\_ Customer ID Number: \_\_\_\_\_

I(We) hereby authorize **Cooperative Telephone Company**, hereinafter called **COMPANY**, to initiate debit entries to my (our) checking or savings account indicated below at the depository financial institution named below, hereafter called **DEPOSITORY**, and to debit the same to such account. I(We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws.

CHECKING

SAVINGS

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

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

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

ABA (Routing) Number: \_\_\_\_\_

***Please attach a voided CHECK - a deposit slip cannot be used for ACH authorization.***

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

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

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

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_