

AUTHORIZATION FOR AUTOMATIC PAYMENTS

I authorize Santel Communications Cooperative and the financial institution named below to initiate payment from the account shown below. This authority will remain in effect until I notify you in writing to cancel it in such terms as to afford Santel Communications Cooperative opportunity to act on it. I authorize scheduled payments to be made on the date selected below. I understand that regularly scheduled payments which fall on holidays or weekends may be taken on the last business day prior to the scheduled date.

NAME AS IT APPEARS ON SANTEL ACCOUNT (PLEASE PRINT)

ADDRESS (PLEASE PRINT)

SANTEL ACCOUNT NUMBER OR PHONE NUMBER 5th or 20th of each month
MONTHLY PAYMENT DATE

SIGNATURE

DATE

BANK NAME _____

BANK ROUTING NO. _____

ACCOUNT NO. _____ TYPE: ___ Checking ___ Savings

(Routing and account numbers are shown on the bottom left hand side of your check. Please furnish us with a copy of a voided check.)

OR:

CREDIT CARD: ___ VISA ___ MASTERCARD ___ DISCOVER EXPIRATION _____

CREDIT CARD NUMBER: _____ CVC _____

NAME ON CARD (if different than account name): _____

Return to: SANTEL COMMUNICATIONS COOPERATIVE
PO BOX 67
WOONSOCKET SD 57385-0067

Fax: 605-796-4419

For more information, call us at 796-4411 or toll-free 1-888-978-7777

For office use only:

Service Order # _____ Initials _____ Reviewed _____

Notes: