

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
SELECT 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.)

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: