

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

NAME _____

ADDRESS _____

I (we) hereby authorize **CUMBERLAND TELEPHONE COMPANY**, hereinafter called COMPANY, to initiate debit entries to my (our) ___ Checking Account/ ___ Savings Account (check one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account monthly. I (we) acknowledge that the origination of the ACH transactions of my (our) account must comply with the provisions of the U.S. law.

Depository Name _____

Branch _____

Address _____

Routing Number _____

Account Number _____

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 a time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature _____

Signature _____

Date _____

NOTE: WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

CUMBERLAND TELEPHONE COMPANY 121 MAIN ST

Cumberland, IA 50843

712-774-2221