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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME Butler-Bremer Mutual Telephone Company
COMPANY ID NUMBER 42-0163690

I (we) hereby authorize the Butler-Bremer Mutual Telephone Company (DBA: Butler-Bremer Communications), hereinafter called COMPANY, to initiate debit entries to my checking () or savings () account (check one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY NAME BRANCH
CITY STATE ZIP
ROUTING NUMBER ACCOUNT NO.

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.

I understand that this payment may not be made if sufficient funds are not available in the account shown above on the scheduled payment date. If sufficient funds are not available in the account, there will be a \$15.00 fee. ACH payments are deducted on the 10th of each month unless that date falls on a weekend or holiday, in which case the payment will be deducted the next business day. This date cannot be changed.

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

NAME(S) LAST 4 OF SSN
(Please Print)

DATE BUTLER-BREMER ACCOUNT #

SIGNED

SIGNED

PLEASE ATTACH A COPY OF A VOIDED CHECK OR DEPOSIT TICKET.

