

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS**

NAME \_\_\_\_\_ LAND LINE PHONE/ACCT # \_\_\_\_\_ CELL # \_\_\_\_\_

I hereby authorize Mabel Cooperative Telephone Company to initiate debit entries to my \_\_\_Checking or \_\_\_Savings account (select one) indicated below at the financial institution named below in the amount necessary to pay my phone bill. The amount will vary each month. The debit entry will settle on the 12<sup>th</sup> day of each month starting \_\_\_\_\_.

FINANCIAL INSTITUTION NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

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

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**\*\*Please include a voided check from this account.**