

COOPERATIVE TELEPHONE EXCHANGE

425 PARKER ST., P.O. BOX 95

STANHOPE, IA 50246

PH: 826-3206 FAX: 826-3200 EMAIL: cooptelx@netins.net



AUTHORIZATION AGREEMENT FOR AUTOMATIC CLEARING HOUSE PAYMENTS (ACH)

DEPOSITORY

FINANCIAL INSTITUTION NAME	ACCOUNT TYPE (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
FINANCIAL INSTITUTION FULL ADDRESS (STREET, CITY, STATE, ZIP)	ACCOUNT NUMBER
PAYMENT EFFECTIVE DATE (PAYMENT DATE: 1ST OF EACH MONTH)	ROUTING/ABA NUMBER

I (we) hereby authorize **First State Bank**, hereinafter-called COMPANY, to initiate debit entries to my (our) account indicated above at the financial institution named above, hereinafter-called DEPOSITORY, and to debit the same to such account.

COMPANY INFORMATION

COMPANY NAME	COMPANY ID NUMBER
COOPERATIVE TELEPHONE EXCHANGE	
BANK NAME	ACCOUNT TYPE
FIRST STATE BANK	CHECKING
ROUTING/ABA NUMBER	ACCOUNT NUMBER

This authority 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.

PRINTED NAME(S)	SSN
	TAX ID #
SIGNATURE	DATE
SIGNATURE	DATE

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