

COOPERATIVE TELEPHONE EXCHANGE



(SERVING KAMRAR AND STANHOPE)
P.O. BOX 95
STANHOPE, IOWA 50246
515-826-3206

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBIT)

COMPANY NAME COOPERATIVE TELEPHONE EXCHANGE COMPANY ID NUMBER _____

I (we) hereby authorize **First State Bank**, hereinafter-called COMPANY, to initiate debit entries entries to my (our) [] Checking [] Savings [] Loan Account (select 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/ABA NUMBER _____ ACCOUNT NUMBER _____

TRANSACTION AMOUNT \$ VARIES EFFECTIVE DATE _____

FREQUENCY OF PAYMENT MONTHLY PAYMENT DATE 1ST OF EACH MONTH

COMPANY INFORMATION:

BANK NAME: FIRST STATE BANK ROUTING/ABA NUMBER _____

FOR DEPOSIT TO _____ ACCOUNT NUMBER _____

(Account Name)

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.

NAME(S) _____ SSN _____

Please Print

TAX ID # _____

DATE _____ SIGNED X _____

SIGNED X _____

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.