

Auto-Pay Authorization Application

Your Name	Name of Financial Institution
Your Address	Branch of Financial Institution
City, State and Zip Code	Routing Number (see example below for location of routing number)
Colorado Valley Account Name	Account Number (see example below for location of account number)
Colorado Valley Account Numbers to be set up on Auto-Pay (more space below, if needed)	
Your Signature (please read agreement below)	Date
Draft Effective Date (to be determined by CVC representative)	Daytime Phone Number

Additional Accounts for Auto-Pay:
Please list all telephone numbers and/or Internet account numbers to be set up for Auto-Pay.

Mail completed form and voided check to:

Colorado Valley Communications
PO Box 130
La Grange, TX 78945

OR return to our office at:
4915 South U.S. Highway 77, La Grange
Monday - Friday 8AM - 5PM

For more information call 242.5911 or 1-800-242-5911

Auto-Pay Authorization Agreement

I (we) authorize Colorado Valley Telephone Cooperative, Inc. and the financial institution named above to automatically deduct monthly payments from my (our) account as payment of services received.
I (we) understand that on or around the 10th of each month, the payment will be deducted from the account indicated.
I (we) understand that if the checking account is insufficient, I remain liable to pay the bill, including late fees which may apply.
This authority will remain in effect until reasonable written notification from me (or either of us) is received to terminate this authorization.

SAMPLE

Joe Customer 123 Your Street City, State, Zip	1264
PAY TO THE ORDER OF _____	\$ <input type="text"/>
_____	_____ DOLLARS
Your Financial Institution 456 Money Lane City, State, Zip	
MEMO _____	
⑆111221121⑆	⑆345098877665⑆ ⑆1264

Routing Number Account Number Check Number (not needed)