

ACH AUTHORIZATION

Checking Account

Savings Account

Your Name

Financial Institution Name

Your Address

Routing Number (see sample below)

City, State, Zip Code

Account Number (see sample below)

Daytime Phone Number

Colorado Valley Account Number(s) to be set up on ACH

Your Signature (please read agreement below)

Date

Return completed authorization form and voided check or deposit slip to:

Colorado Valley Telephone Cooperative's Headquarters

or

FAX 979.247.5130

(To protect your account, please do not return via mail or e-mail.)

For more information call 242.5911 or 1.800.242.5911

ACH 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 or savings 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	\$ []
Your Financial Institution 456 Money Lane City, State, Zip	DOLLARS
MEMO	
⑆11122112⑆	⑆345098877665⑆
	⑆1264⑆

Routing Number Account Number Check Number (not needed)

