

AUTHORIZATION AGREEMENT TO DEBIT ACCOUNT FOR PAYMENTS

I (we) hereby authorize **Viola Home Telephone Company** to initiate debit entries from my (our) checking account indicated below at the depository financial institution named below.

I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name (Bank/Credit Union)_____

City_____State_____ZIP_____

Routing Number _____Account Number_____

Type of Account: Checking_____

Frequency: Monthly

Effective Date of First Payment:_____

This authority is to remain in full force and effect until **Viola Home Telephone Company** has received written notification from me (or either of us) of its termination in such time and in such manner to afford a reasonable opportunity to act on it.

I also understand that any debit entries returned to Farmers State Bank will be charged back against the account credited at the time of the ACH origination.

Name(s)_____ (please print)

Signed_____Date_____

Please attach a copy of a voided check below: