

Authorization Agreement for Direct Payment (ACH Debits)

Company Name _____ Company ID# _____

I (we) hereby authorize Lamotte Telephone Company, hereinafter call COMPANY, to initiate debit entries to my (our) _____ Checking Account// _____ Savings Account (SELECT ONE) indicated below at the depository financial institution named below, hereafter call DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization 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) _____ ID Number _____

Date _____ Signature _____

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