



East Buchanan Telephone Coop

Authorization Agreement for Automated Credit Card Payments

I (we) hereby authorize EAST BUCHANAN TELEPHONE COOPERATIVE to initiate debit entries to my (our) VISA MASTERCARD DISCOVER account indicated below.

Card #: _____ Expires: _____ CSV #: _____

Primary Name: _____

Accounts to be debited: _____

Credit Card Payment Date: _____

Signature: _____ Date: _____

East Buchanan Telephone Cooperative is an Equal Opportunity Provider.

Scott Fowles