



East Buchanan
Telephone Cooperative

Authorization Agreement for Automated Payments

I (we) hereby authorize EAST BUCHANAN TELEPHONE COOPERATIVE to initiate debit entries to my (our) Checking Savings account indicated below and the bank named below to debit same to such account.

Bank Name: _____

Branch: _____

City: _____

Account #: _____

Routing #: _____

Primary Name: _____

Joint Name: _____

Accounts to be debited: _____

Signature: _____ Date: _____

East Buchanan Telephone Cooperative is an Equal Opportunity Provider.

Print Name