



AUTHORIZATION FOR AUTOMATED WITHDRAWAL (ACH DEBITS)

I (we) hereby authorize Alpine Communications, L.C. to debit my (our) checking account as indicated below and the depository named below for payment of services billed to me (us) for services provided by Alpine Communications, L.C.

This authorization is to remain in full force and effect until Alpine Communications, L.C. has received written notification from me (or either of us) of the termination of this agreement. Such notification must be given to Alpine Communications in a timely manner so Alpine can receive payment due for services.

CUSTOMER NAME _____

TELEPHONE # _____ **ACCOUNT #** _____

FINANCIAL INSTITUTION _____

BANK ADDRESS _____ **TELEPHONE #** _____

ROUTING # _____ **ACCOUNT #** _____

CUSTOMER SIGNATURE _____ **DATE** _____

Please attach a voided check to this form and return to Alpine Communications, L.C.

Thank you.

FOR COMPANY USE ONLY

Date received _____

Process date _____

Processed by _____

P.O. Box 1008 Elkader, IA 52043
Locally 245-4000, Toll-Free 1-800-635-1059