

## **Pioneer Telephone Company**

P.O. Box 207 LaCrosse, WA 99143 Phone: 509-549-3511 Fax: 509-549-3514

Serving LaCrosse, Endicott, Winona, Hooper, Dusty, and Hay

## DIRECT PAYMENT AUTHORIZATION FORM

I HEREBY AUTHORIZE PIONEER TELEPHONE COMPANY to initiate withdrawals from my account at the financial institution named in this application for payment of my monthly bills to Pioneer Telephone Company. This authorization will remain valid until either I, Pioneer Telephone Company, or my financial institution revokes it.

I understand that the Direct Payment Program is an alternative method of payment only and does not otherwise effect my rights or the rights of Pioneer Telephone Company or my financial institution with respect to each other. I further understand the Pioneer Telephone Company and my financial institution reserve the right to terminate the Direct Payment Plan and/or my participation in it.

This Authority is to remain in full force and effect until Pioneer Telephone Company has received written notification from me (or either of us)of its termination in such time and manner as to afford Pioneer Telephone Company and my financial institution a reasonable opportunity to act on it.

ACH WITHDRAWLS will be initiated on the 3rd day of each month.

PIONEER CUSTOMER	R AC	COI	JNT	0	0	0	0	0	0					
PIONEER CUSTOMER NAME:														
NAME OF FINANCIAL INSTITUTION:ADDRESS OF FINANCIAL INSTITUTION:														
			(include cit						le city,	state ar	nd zip)	-		
CHECKING ACCOUNT				or	SAVINGS			ACCOUNT						
BANK ROUTING # (also known as ABA #)														
BANK ACCOUNT #														
For Pioneer Telephone Company to verify the bank account and routing numbers, account holders should attach a VOIDED CHECK for each account to be debited. Pioneer Telephone and the account holder should retain completed copies of this form for their records.														
ACCOUNT HOLDER SIGNATUR										DATE	Ξ			
JOINT ACCOUNT HOLDERS SIGNATURE									DATE	Ξ				