



**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS
(ACH Debits)**

Membership Name(s) _____

Social Security No(s) _____

Telephone No(s) _____

I/We hereby authorize Hill Country Telephone Cooperative, Inc. hereinafter called COOPERATIVE, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my/our checking savings account (*select one*) indicated below and the depository/bank named below, hereafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY _____

City _____ State _____ Zip Code _____

Transmit: ABA No. _____ Account No. _____

This authority is to remain in full force and effect until COOPERATIVE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COOPERATIVE and DEPOSITORY a reasonable opportunity to take action.

Member's Signature

Date

(A voided check must be attached here for account verification.)