



**NEW WINDSOR TELEPHONE COMPANY**

**NEW WINDSOR CABLE TV, INC.**

305 South 5<sup>th</sup> Ave PO Box 488

New Windsor, IL 61465

309-667-2712 Fax: 309-667-2888 www.nwtelephone.com

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## AUTHORIZATION AGREEMENT TO DEBIT ACCOUNT FOR PAYMENTS

I (we) hereby authorize **New Windsor Telephone Co./New Windsor Cable TV, Inc.** initiate debit entries to my (our) account indicated below at the depository financial institution named below.

I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

Depository Name (Bank/Credit Union) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account  Checking  Savings Frequency: Monthly

Effective Date of First Payment: \_\_\_\_\_

This authority is to remain in full force and effect until **New Windsor Telephone Co./New Windsor Cable TV, Inc.** has received written notification from me (or either of us) of its termination in such time and in such manner to afford a reasonable opportunity to act on it.

I also understand that any debit entries returned to Farmers State Bank will be charged back against the account credited at the time of the ACH origination.

Name(s) \_\_\_\_\_ (please print)

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**Please attach copy of voided check below:**