



DRAFT AUTHORIZATION

I hereby authorize Sandhill Telephone Cooperative Inc. and its subsidiaries, hereafter called COMPANY, to electronically debit my account on the 12th of each month (and, if necessary, to credit my account to correct erroneous debits) as specified at the depositary financial institution named below. I agree that ACH transactions I authorize comply with all applicable law. Amount of debit shall be the amount as indicated on the monthly billing statement.

SANDHILL ACCOUNT NUMBER (OR PHONE NUMBER)

NAME AS SHOWN ON SANDHILL ACCOUNT

	NAMI	E OF FINANCIA	AL INSTITU	UTION			
	NAME AS SHOWN	N ON FINANCI	AL INSTIT	UTION RE	CORDS		
COMPLETE ONLY	ONE: Bank Account Dra	aft or Credit Card I	Draft				
BANK ACCOUN	T DRAFT (CHECKI	NG/SAVINGS)		YOUR NAME 1234 Main Street Anywhere, OH 00000		DATE	123
Routing Numbe	er			PAY TO THE ORDER OF	AMPLE	CHECK	DOLLARS
Account Number	er			ROUTING	ACCOUNT		
CREDIT CARD I	DRAFT (CHECK ONE)			NUMBER	NUMBER	NUMBER	
Card Type	Discover	<i>Ma</i>	asterCard			Visa	
Card Number	•			Ex	piration _	/_ MM	YY
	uthorization will remai authorization. I under authorization.			•		n writing t	hat I
NOTES: You will draft to begin.	continue to receive yo	our bill as norma	l each mont	h. Allow on	e to two bi	lling cycle	es for
SIGNAT	TURE AS ACCEPTE	D BY FINANCI	AL INSTIT	TUTION	DA	TE	