

ACH BANK COLLECTION INFORMATION

Please Select: **Monthly Recurring:** Payment will process on the 15th of each month for amount due.

Customer Information Billing Acct # _____

Name: _____

Address: _____

City: _____ State: _____

Bank Information

ACCT TYPE: Checking Saving

Routing # _____
(must be 9 digits)

Account # _____

I (we) authorize Estherville Communications to charge my bank account. For monthly recurring payments, this authority is to remain in full force and effect until Estherville Communications receives written notification from me (or either of us) of its termination.

Signature

Date

PLEASE ATTACH A VOIDED CHECK WITH THIS FORM.