

RETAIN FOR YOUR RECORDS

On _____ I authorized _____ to initiate variable
(Date) (Name of Financial Institution)

entries to my checking account, drafts or electronic transactions payable to Santel Communications Cooperative and agreed to the terms listed on the authorization.

Santel Communications Cooperative agrees that it will indemnify and hold you harmless for any loss as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft, or order, whether or not genuine purporting to be executed or issued by or on behalf of Santel Communications Cooperative and received by you in the regular course of business for the purpose of payment, including any cost or expenses reasonably incurred in connection therewith.

(Detach and return lower portion to Santel Communications Cooperative)

AUTHORIZATION FOR AUTOMATIC PAYMENTS

I authorize Santel Communications Cooperative and the financial institution named below to initiate variable entries to my checking account. This authority will remain in effect until I notify you in writing to cancel it in such terms as to afford Santel Communications Cooperative opportunity to act on it. I authorize scheduled payments to be made from my checking account between the 15th and 20th of each month if my bill date is the 1st of the month and between the 1st and 5th of each month if my bill date is the 15th of the month.

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

SIGNATURE

DATE

PHONE NUMBER

NAME (PLEASE PRINT)

ADDRESS (PLEASE PRINT)

CHECKING ACCOUNT NO.

EFFECTIVE DATE

BANK ROUTING NUMBER

(Shown between the symbols on the bottom left hand side of your check. Please furnish us with a copy of a voided check.)

Return to: Santel Communications Cooperative
PO BOX 67
WOONSOCKET SD 57385-0067

Fax: 605-796-4419

For more information, call us at 796-4411, or toll-free 1-888-978-7777