Form 303

# BANK DRAFT AUTHORIZATION

SCAN

Rev 09/13/07

I hereby give authority to Sandhill Telephone Cooperative to draw drafts against my account in payment of my telephone bills. The bank is authorized to pay these drafts when so drawn and presented for payment and to charge the same to my account. I further agree to notify Sandhill Telephone Cooperative if I withdraw this authority.

**Please Print**

_____

**NAME AS SHOWN ON BANK RECORDS**

_____

**NAME OF BANK**

_____ _____ _____

**STREET ADDRESS OF BANK** **CITY** **STATE**

_____ _____

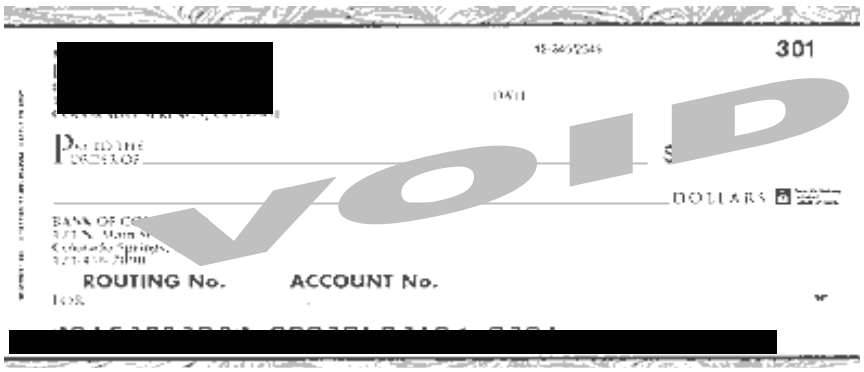
**YOUR SIGNATURE AS ACCEPTED BY BANK** **DATE**

***SANDHILL ACCOUNT NUMBER*** _____

***TELEPHONE NUMBER*** _____

***NAME AS SHOWN ON ACCOUNT TO BE DRAFTED***

_____




**Please return this form with a VOIDED CHECK AND/OR DEPOSIT SLIP**

***NOTES:*** *You will receive your bills as normal each month. Please allow 2-3 billing cycles for draft to begin.*


**Sandhill**

**Telephone Cooperative**

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