



Save time & money
each month by having
your bill paid by
Automatic Credit Card Draft

I hereby give authority to Sandhill Telephone Cooperative to draw drafts against my account in payment of my 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.

NAME AS SHOWN ON BANK RECORDS Please Print _____

YOUR SIGNATURE AS ACCEPTED BY BANK _____ DATE _____

VISA MasterCard (Check One)

Card Number _____ - _____ - _____ - _____ Expires _____ / _____
MM YY

DAYTIME CONTACT TELEPHONE NUMBER _____

SANDHILL ACCOUNT NUMBER _____

TELEPHONE NUMBER _____

NAME AS SHOWN ON ACCOUNT TO BE DRAFTED

NOTES: You will receive your bills as normal each month. Please allow 1 billing cycle for draft to begin.

