



305 7<sup>th</sup> Ave  
 PO Box 306  
 Sully, IA 50251  
 info@searsborotel.com

**ACH Payment Authorization Form**

Sign and complete this form to authorize Searsboro Telephone Company to charge your checking or saving account.

By signing this form you give us permission to charge your account for the monthly service and taxes/fees on or after the indicated date. This is permission for a monthly transaction only. Only one account is authorized to charge.

**Please complete the information below:**

I \_\_\_\_\_ authorize Searsboro Telephone Company to charge my  
 (Full name)  
 Checking or saving account on or after 15<sup>th</sup> of the month.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

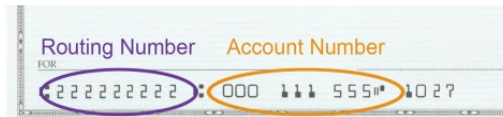
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Sign and complete this form to authorize Searsboro Telephone to charge ACH payment listed below.

Monthly payments will be deducted on 15<sup>th</sup> of the month.

Account Type:  Checking  Savings

Name on Acct \_\_\_\_\_  
 Bank Name \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Bank Routing # \_\_\_\_\_  
 Bank City/State \_\_\_\_\_



SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Searsboro Telephone in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Searsboro Telephone may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.