

We are pleased to offer you the Automatic Payment Plan. Now you can have your payment made automatically from your checking, savings, debit or credit card account. In addition, you will not have to change your present banking relationship to take advantage of this service.

The Automatic Payment Plan will help you in several ways:

- You save time – fewer checks to write
- You have peace of mind knowing your payment was made on time
- You save money on postage
- It's easy to sign up for, easy to cancel

Here is how the Automatic Payment Plan works:

You authorize regular scheduled payments to be made from your checking, savings, debit or credit card account. Then, just sit back and relax. Your payments will be made automatically on the specified day and proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date.

The Automatic Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

RETAIN FOR YOUR RECORDS

On _____ I authorized Gardonville Cooperative Telephone Association at 800 Central Ave N, Brandon, MN 56315 to initiate electronic entries to my account and agreed to the terms as detailed on the authorization. This authority will remain in effect until I cancel.

AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize Gardonville Cooperative Telephone Association and the bank, debit or credit card company named below to initiate entries to my checking, savings, debit or credit card account. This authority will remain in effect until I notify Gardonville Cooperative Telephone Association to cancel it. The company will have a reasonable opportunity to act on it.

Your Name or Company Name (Please Print)

Address

Gardonville Account Number

Signature

Date

Checking: _____ Savings: _____

Would you like to receive an email when your payment has been drafted from your account?

Yes: No:

If yes - please fill out the email address field.

Email Address

Important: Please enclose a voided check to begin this payment option on your next bill.

Debit Card: _____ Credit Card: _____ VISA: _____ DISCOVER: _____ Master Card: _____

Account Number: _____ Expiration Date: ____ / ____

Billing Address on Debit or Credit Card Statement _____