



**AUTHORIZATION AGREEMENT FOR
ELECTRONIC PAYMENTS**

Complete this form including the bank account you want charged. Print, sign and return to our Business Office. We will debit your account each month for the amount due on your phone bill until you notify us to discontinue doing so. You will continue to receive a statement from State Telephone each month with all of the regular bill information. After your account is debited, our name will appear [on your bank statement] so you can easily see the amount that was paid.

I (we) authorize State Telephone Company to initiate debit entries to my (our) Checking Account indicated below on a monthly basis for only the amount due on my (our) State Telephone Company Bill for that month.

Bank Name: _____

Routing/Transit (ABA) Number: _____

Account Number: _____

This authority is to remain in full force and effect until I (we) notify State Telephone Company of its termination in such time and in such manner as to afford State Telephone Company a reasonable opportunity to act on it.

Name(s) on Account

Phone # or Internet Account #

(Please Print)

(Please Print)

Date: _____

Signed _____

Date: _____

Signed _____

Please Return this form to the Business Office:

**State Telephone Company
Attn: Electronic Payment
46 Reed Street/ P.O. Box 159
Coxsackie, NY 12051**