

**Dell Telephone Cooperative, Inc.**  
**ACH**  
**P.O. Box 678**  
**Dell City, Texas 79837**  
**(915)964-2352**  
**(800)245-2991**



Dear :

Thank you for your request to set up your account with an automatic payment plan. Please return this form with a voided check or savings withdrawal slip to the Dell Telephone address listed above, or fax to : (915) 964-2402

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**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Company Name: DELL TELEPHONE COOPERATIVE Company ID Number: 74-6024749

I (we) hereby authorize Dell Telephone, hereinafter called COMPANY, to initiate debit entries to my (our)  **Checking Account** /  **Savings Account** (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_

Account or Telephone Number: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN AUTHORIZATION.