

## Automatic Bill Pay

This service enables our customers to automatically pay monthly telephone bills via bank draft authorization.

It's a real time saver for our customers.

- No check to write
- No stamp to buy
- No trip to the post office or telephone cooperative
- No worry of an unpaid bill while you are away from home

Tired of writing checks?  
Getting Pink Notices?

*Sign up today for automatic bank drafts from your checking or savings account.*

*Call our office to sign up or download an application at*

***[www.delltelephone.com](http://www.delltelephone.com)***

To signup for Dell Telephone

ACH Payment:

- (1) Fill out this form Please don't forget your signature
- (2) Attach a voided check or savings withdrawal slip to Dell Telephone address

You will continue to receive a statement the 1st of each month and have time to review it. Dell Telephone will debit your bank account around the 12th of each month. Proof of payment will be listed on your bank statement.

**Dell Telephone Cooperative  
P.O. Box 67**

**610 South Main Street  
Dell City, Texas 79837**

**Phone: 915-964-2352**

**Fax: 915-964-2402**

# AUTOMATED BANK DRAFT

**DELL TELEPHONE  
COOPERATIVE**

---

**Your Local  
Telecommunica-  
tions Company  
Owned by Those  
We Serve**



Dell Telephone Cooperative, Inc.

ACH

P.O. Box 67

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

**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) 1Checking Account / 1Savings 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.**