



Service Agreement
 305 7th Avenue, P.O. Box 306 Sully, Iowa 50251
 641-798-4409 www.killdufftel.com

ACCOUNT NAME: (PARTY RESPONSIBLE FOR PAYMENT)		AUTHORIZED PERSON (S) ALLOWED ACCESS TO ACCOUNT	
STREET ADDRESS:		EMAIL ADDRESS:	
MAILING ADDRESS: CHECK IF SAME AS ABOVE <input type="checkbox"/>		AUTHENTICATION QUESTION: Answer only one question	
CITY	STATE	ZIP	WHAT IS YOUR MOTHER'S MAIDEN NAME? _____ WHAT IS YOUR FAVORITE COLOR? _____ WHAT CITY WERE YOU BORN IN? _____ WHAT WAS THE STREET YOU GREW UP ON? _____
PHONE NUMBER: CELL	CELL PROVIDER	EMPLOYER	DATE OF HIRE
DRIVER LICENSE #	DATE OF BIRTH	PAPERLESS STATEMENT	YES <input type="checkbox"/> NO <input type="checkbox"/>

Service Plan Information**

Internet Speed & Rate Prices and Availability subject to change without notice.

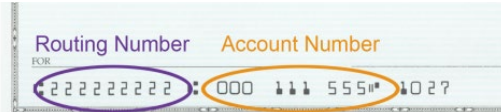
Speed	Monthly Rate	Service Requested (mark with X)
100M/100M	\$ 65.00	
500M/500M	\$100.00	
GIG/GIG	\$125.00	

DEPOSIT \$80.00 EQUIPMENT CONNECTION \$45.00 TOTAL AMOUNT DUE \$125.00

ACH Payment Authorization

Sign and complete this form to authorize Killduff Telephone to charge ACH payment listed below. Monthly payments will be deducted on 15th of the month.

Account Type: Checking Savings
 Name on Acct _____
 Bank Name _____
 Account Number _____
 Bank Routing # _____
 Bank City/State _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Killduff 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Killduff 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.

Any information falsely given in this form to obtain telephone service may result in the immediate termination of your telephone service and further legal action to fairly compensate Killduff Telephone Company for service rendered. If you do not have established credit the deposit amount will be determined by the rules and regulations established by the Iowa Commerce Commission. I have read and fully understand the above.

Date _____ Signature _____ I have read the attached service agreement and agree to its terms.