



KILLDUFF TELEPHONE COMPANY
 PO Box 305, Sully, IA 50251
www.killdufftel.com
 641-798-4409

Checking/Saving Account/Credit Card/Debit Card Payment Authorization Form

Sign and complete this form to authorize Killduff Telephone Company to charge your checking/saving account/credit card/debit card listed below.

By signing this form you give us permission to charge your account for the monthly service and taxes/fees on the 20th of month. This is permission for a monthly transaction only. Only one account is authorized to charge, please indicate by circling.

Please complete the information below:

I _____ authorize Killduff Telephone Company to charge my
 (Full name)
 checking/saving account/credit card/debit card account on or after 20th of the month.

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Account Type: Checking Saving Visa Mastercard Discover

Checking/Cardholder Name _____
Bank Name _____
Routing Number _____
Account Number _____
Expiration Date _____ CW2 (3 Digit number on bank of Visa/MC/Discover) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card /debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the monthly fees, and is valid for the term of the agreement only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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.