

**BANK AUTO DRAFT/BANK CARD AUTHORIZATION FORM**

NAME \_\_\_\_\_

DATE \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

**Please complete the section below that pertains to your choice of payment**

** BANK AUTO-DRAFT AUTHORIZATION (15<sup>th</sup> of each month)**

I hereby authorize \_\_\_\_\_ Bank, of  
\_\_\_\_\_, IA to charge my account for the Springville  
Co-op Telephone Company bill each month.

BANK ROUTING # \_\_\_\_\_

BANK ACCOUNT # \_\_\_\_\_

** BANK CARD AUTHORIZATION (20<sup>th</sup> of each month)**

**CREDIT / DEBIT    CARD TYPE: VISA / MASTERCARD / OTHER**

**NAME AS IT APPEARS ON CARD**

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**CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_**

**3 Digit Security Code on back (\_\_\_\_\_)**

**SIGNATURE \_\_\_\_\_**