



Swisher Telephone Company
980 North Front Street
P.O. Box 19
North Liberty, IA 52317-0019
319.857.4535
Fax 319.857.4001

Dear Customer:

Swisher Telephone Company offers you a convenient way to pay your phone bill. You may authorize the automatic transfer of funds or a monthly credit card transaction by signing this authorization agreement.

As in the past, your phone bill will be mailed to you, normally within the first three (3) days of each month. On the 15th of each month, or the first banking day thereafter, the amount of your current balance due will be either transferred from your bank account or charged to your credit card depending upon the type of transaction you request.

You may terminate this agreement at any time by signing an authorization form to cancel this agreement. This agreement gives you, the customer, the opportunity to save check charges each month and frees you from having to remember to send in your payment.

Customer's returning this form will be notified on their monthly Swisher Telephone invoice when the service begins. If you have any questions, please call 319-857-4535.

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS (DEBITS)/CREDIT CARD AUTO PAY TRANSACTION

Company Name: Swisher Telephone Company:

By signing below I (we) hereby authorize Swisher Telephone Company, hereafter called COMPANY, to initiate debit entries to my (our) Checking Savings account, hereinafter called DEPOSITORY, or to debit the same from such account or to charge my Credit Card.

BANK INFO:

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

BANK TRANSIT/ABA NO. _____ ACCOUNT NO. _____

SIGNATURE _____

(Note to customer: If selecting to have automatic withdraw-please attach a voided check.) This authority is to remain in full force and in effect until COMPANY has signed authorization from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

ADDRESS _____

CREDIT CARD INFO:

TYPE OF CREDIT CARD _____ CREDIT CARD No. _____

EXPERATION DATE _____ THREE DIGIT VERIFICATION# _____

PRINTED NAME _____

SWISHER TELEPHONE ACCOUNT NO. _____ TELEPHONE NO. 857- _____

CUSTOMER SIGNATURE _____ DATE: _____