

Stratford Mutual Telephone

DATE _____

Automatic Bank Debit Authorization – Recurring Monthly Basis

TO _____ BANK

Until further notice, you are hereby authorized to allow the Stratford Mutual Telephone Company to initiate a debit for the amount of my telephone bill on or about the 25th of each month. I understand that a line item will be listed on my bank statement as MMM TELCO, with MMM representing the billing month.

CUSTOMER NAME _____ PHONE# _____ - _____

ADDRESS _____

SMTC ACCOUNT NUMBER 0 6 _____

BANK ACCOUNT NUMBER _____

BANK ROUTING NUMBER _____

CHECKING
OR SAVINGS

CUSTOMER SIGNATURE _____