

ALLIANCE COMMUNICATIONS
AUTHORIZATION OF AUTOMATIC PAYMENT

I authorize Alliance and the bank named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it, and Alliance Communications has confirmed to me that it has been terminated. I am aware that any credit due my account must be approved by the appropriate telephone company personnel and will appear as a credit on the next monthly billing after the credit has been approved. Alliance reserves the right to cancel my use of the Automatic Payment Plan.

Name 1: _____

Signature 1: _____

Name 2: _____

Signature 2: _____

(if account is in two names, both must sign)

Address: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Alliance Account Number: _____

Name of Financial Institution: _____

Checking Account Number: _____

(Attach voided check)

Savings Account Number: _____

(Attach savings account deposit slip if using this account)

Monthly Withdrawal Date: _____ 10th _____ 15th _____ 20th _____ No Preference

If Alliance receives your form before the 20th, your automatic withdrawal will be activated for the upcoming billing. Mail this form to:

Alliance Communications
PO Box 349
Garretson, SD 57030