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|--|---------------|-------------------|---|---------------------|--|
| ACCOUNT NAME: (PARTY RESPONSIBLE FOR PAYMENT) | | | AUTHORIZED PERSON (S) ALLOWED ACCESS TO ACCOUNT | | |
| STREET ADDRESS: | | | AUTHENTICATION QUESTION: Answer only one question WHAT IS YOUR MOTHER'S MAIDEN NAME? _____ WHAT IS YOUR FAVORITE COLOR? _____ WHAT CITY WERE YOU BORN IN? _____ WHAT WAS THE STREET YOU GREW UP ON? _____ | | |
| MAILING ADDRESS: CHECK IF SAME AS ABOVE <input type="checkbox"/> | | | | | |
| CITY | STATE | ZIP | EMAIL ADDRESS | PAPERLESS STATEMENT | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| PHONE NUMBER: CELL | CELL PROVIDER | DRIVER'S LICENSE# | DATE OF BIRTH | EMPLOYER | |

Internet Speed & Rate

| Speed | Monthly Rate | Place a X for Speed |
|-----------|--------------|---------------------|
| 100M/100M | \$ 65.00 | |
| 500M/500M | \$ 100.00 | |
| GIG/GIG | \$ 125.00 | |

Prices and Availability subject to change without notice

ACH Payment Authorization

Sign and complete this form to authorize Sully Telephone Association to charge ACH payment listed below. Payment will be deducted on the 15th of month.

Account Type: Checking Savings

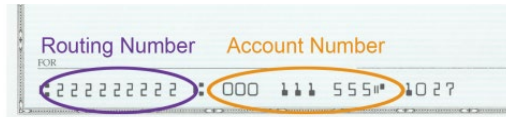
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Please return this completed form to
 sullyfiber@sullytel.com
 Sully Telephone Assoc
 PO Box 308
 Sully, IA 50251

Customer Signature _____ Date _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Sully 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Sully 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.