



CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize Griswold Communications to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) for (select one):

- a single (one-time) entry
- recurring entries (that occur at substantially regular intervals without my affirmative action to initiate further entries)
- subsequent entries (initiated under the terms of this standing authorization) that require my affirmative action to initiate those future entries.

as follows:

Checking Account / Savings account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Depository Name: _____

Routing Number: _____ Account Number: _____

Debit / Credit Card #: _____ Expiration Date: _____ CVV Code: _____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]:
monthly bill

Date(s) including the start date and/or frequency of debit(s): **15th of each month**

Action(s) the Receiver must take to initiate a subsequent entry to a standing authorization: _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify Griswold Communications that I (we) wish to revoke this authorization. I (we) understand that Griswold Communications requires at least 30 days prior notice in order to cancel this authorization.

Name(s): _____
(Please Print)

Date: _____ Signature(s): _____

Griswold Communications Account #: _____

Return form to Griswold Communications, PO Box 640 or 607 Main St, Griswold IA 51535

Email: gctc@netins.net

Questions? Please call 778-2121 Monday-Friday 7:30 am – 4 pm