

BANK DRAFT AUTHORIZATION



I hereby give authority to Sandhill Telephone Cooperative to draw drafts against my account in payment of my telephone bills. The bank is authorized to pay these drafts when so drawn and presented for payment and to charge the same to my account. I further agree to notify Sandhill Telephone Cooperative if I withdraw this authority.

Please Print

NAME AS SHOWN ON BANK RECORDS

NAME OF BANK

STREET ADDRESS OF BANK

CITY

STATE

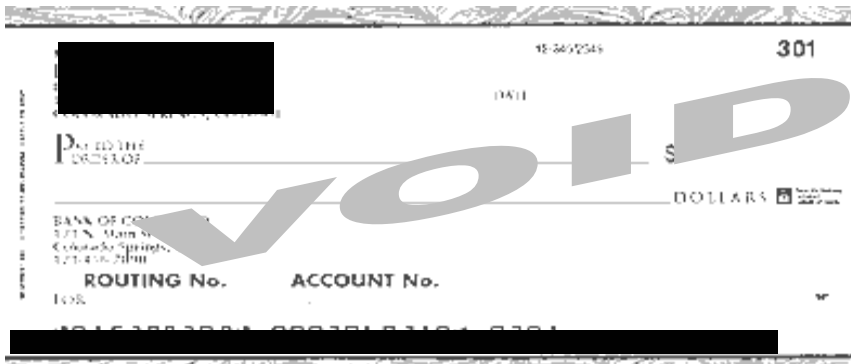
YOUR SIGNATURE AS ACCEPTED BY BANK

DATE

SANDHILL ACCOUNT NUMBER

TELEPHONE NUMBER

NAME AS SHOWN ON ACCOUNT TO BE DRAFTED



Please return this form with a VOIDED CHECK

NOTES: You will receive your bills as normal each month. Please allow 1-2 billing cycles for draft to begin.


Sandhill
Telephone Cooperative
PO BOX 519
JEFFERSON, SC 29718
FAX (843) 658-7700 PHONE (843) 658-3434