

**TULAROSA BASIN TELEPHONE COMP ANY
TULAROSA COMMUNICATIONS**

503 St. Francis Drive
P. O. Box 550
Tularosa, NM 88352

Authorization Agreement for Preauthorized Payments

Customer Name: _____

I hereby authorize TBTC/TCI, to initiate debit entries to the () checking () savings account indicated below and the depository named below, hereinafter called the Financial Institution, to debit the same to such account. These transactions will be effective on the date selected or the first banking day after, if the date selected falls on a Saturday, Sunday or holiday.

Name of Financial Institution _____

Amount _____, Amount of current billing, _____

City _____ State _____ Zip _____

Routing No. _____ Account No. _____

(Enclosing a voided check will provide us with the correct information if you are uncertain of the Routing No. or Account No.)

Withdrawal Date (check one): _____ 1st _____ 15th

This authority is to remain in full force and effect until TBTC and the Financial Institution have received written notification from me of its termination in such time and in such manner as to afford TBTC and the Financial Institution a reasonable opportunity to act on it.

TBTC Customer Name: _____

TBTC Account No./Phone Number: _____

Signature: _____ Date: _____

Note: All written debit authorization must provide that the receiver may revoke the authorization. only by notifying the originator in the manner specified in the authorization.