



208 S. 17th St. · P.O. Box 77 · Ozark, Arkansas 72949
Telephone (479) 667-2176

AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAYMENTS

I (We) hereby authorize Wave Rural Connect to initiate charge entries to my (our) checking/ saving account indicated below at the Bank named below, hereinafter called the Bank, and to charge the same to such account.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

E-Mail Address: _____

Bank Name: _____

Checking Acct. # _____ or Saving Acct. # _____

This authority is to remain in full force and effect until Wave Rural Connect has received written notification from me (or either of us) requesting termination in such time and manner as to afford Wave Rural Connect and Bank a reasonable opportunity to act on it. I (we) will have fourteen (14) days from the date my bill is mailed, to contact Wave Rural Connect and stop the deduction if I (we) have questions or feel an error has been made. Wave Rural Connect reserves the right to terminate this draft service (or my participation therein).

Date: _____ Signature: _____

Date: _____ Signature: _____

INCLUDE THIS FORM WITH YOUR CHECK PAYMENT, OR ENCLOSE A VOIDED CHECK

(THIS PORTION TO BE COMPLETED BY WAVE RURAL CONNECT)

ACCOUNT #: _____ LOCATION: _____

MEMBER BANK ACCT #: _____ BANK ROUTING #: _____

WAVE RURAL CONNECT REPRESENTATIVE: _____

PLEASE MAIL THIS FORM TO ADDRESS ABOVE OR BRING INTO AN OFFICE

