

**DAVISS-MARTIN RURAL TELEPHONE CORPORATION (DMRTC)
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

Date: _____

I, _____, hereby authorize DMRTC dba RTC Communications to charge my banking account listed below, starting on the 3rd business day before the 17th day of _____ (month), _____ (year) for the balance due for my monthly telephone and/or internet bill.

My account information is as follows:

Bank Name: _____ **Branch:** _____

Bank Account Type: **Checking** **Savings** **Business Checking**

Bank ABA Routing Number: _____

Bank Account Number: _____

This payment authorization is valid and to remain in the effect unless I, _____ notify DMRTC of its cancellation by sending written notice via mail to DMRTC, PO Box 9, Montgomery, IN 47558, fax to 812-486-3004, or e-mail to billing@rtccom.com.

Customer Printed Name

Customer Signature

Date

Please attach a voided check and mail, fax, or scan and e-mail to DMRTC at the above addresses or fax number. Payments will not be processed until this form is completed in full and received by us.