

DIRECT WITHDRAWAL AUTHORIZATION AGREEMENT

| | | | |
|------------------|--|--------------|--|
| CUSTOMER NAME | | | |
| ADDRESS | | | |
| CITY, STATE, ZIP | | | |
| HOME PHONE | | WORK PHONE | |
| START DATE | | HOW FREQUENT | |

I hereby authorize Citizens Telephone, through _____ (Bank Name), to initiate debit entries and to initiate, if necessary, entries and adjustments for any errors or returns to my/our account indicated below.

| | | | |
|-----------------|----------------------------------|-----------|--|
| BANK NAME | | | |
| CITY, STATE ZIP | | | |
| ROUTING # | | ACCOUNT # | |
| TYPE OF ACCOUNT | CHECKING / SAVINGS / OTHER _____ | | |

This authority is to remain in full force and effect until _____ (Bank Name) has received written notification from me/us of its termination in such time and manner as to afford _____ (Bank Name) as reasonable opportunity to act on it.

| | | | |
|------------------|--|--|--|
| SIGNATURE & DATE | | | |
| SIGNATURE & DATE | | | |

TAPE VOIDED CHECK HERE

| | | | |
|-------------------|--|------|--|
| EMPLOYEE INITIALS | | DATE | |
| ADDITIONAL INFO | | | |

TO BE COMPLETED BY DEPOSIT SERVICE DEPARTMENT

| | | | |
|------------|--|------|--|
| ENTERED BY | | DATE | |
|------------|--|------|--|