

Easy Pay/eBilling Application

Authorization for Pre-Arranged Telephone Bill Payments

I (we) hereby authorize Liberty Communications, hereinafter called THE COMPANY, to initiate debits to, and the bank indicated below, hereinafter called BANK, to debit the amounts hereof to my (our) bank account indicated below. I understand that it is my responsibility to notify THE COMPANY if I change banks or account numbers by mailing in a new VOIDED CHECK or DEPOSIT SLIP.

This authority is to remain in full force and effect until THE COMPANY has received written notification from me (or either of us) of its termination in such time and such manner as to afford the BANK a reasonable opportunity to act on it, or until THE COMPANY has sent me (or either of us) ten (10) days written notice of the BANK's termination of this agreement.

PLEASE ENCLOSE (attach) A VOIDED CHECK or DEPOSIT SLIP FROM YOUR BANK WITH YOUR ACCOUNT NUMBER AND CORRECT ROUTING NUMBER - REQUIRED WITH THIS APPLICATION FORM - And return with your monthly telephone bill or mail to Liberty Communications, 413 N Calhoun St., West Liberty IA 52776. Additional information can be provided to you by calling (319)627-2145.

Please Print

Name _____

Work Phone _____ Home Phone _____

Address _____

City/State/Zip _____

Bank Name _____

Branch _____

City/State/Zip _____

Routing No. _____ Bank Account No. _____

Checking Acct

Savings Acct

Date _____ Signature (Depositor) _____

List all Phone Numbers to be Paid in this manner: _____

Check here and enter current email address to receive monthly bill via email and to receive a \$1.00 per month credit.

Email Address _____



413 N Calhoun St, West Liberty IA 52776 - 319-627-2145
www.libertycommunications.com