



*Brooklyn Mutual
Telecommunications Cooperative*

129 Jackson St., P.O. Box 513 Brooklyn, IA 52211-0513
Phone: 641-522-9211 Fax: 641-522-5001

NAME ON ACCOUNT: _____

HOME PHONE NUMBER: (Office will put this in if this is a new account) _____

BANK NAME _____

BANK'S ADDRESS: (Not Bank's P.O. Box) **Has to be the Bank's Physical Address for us to build in our system.**

TELEPHONE ACCT. NUMBER: (Office will put this in if this is a new account) _____

CHECKING ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

PLEASE PROVIDE A VOIDED CHECK FOR US TO KEEP ON FILE

Payment will come out between the 4th – the 9th of the month

I authorize you to pay and to charge my checking account the amount of any telephone bill and to make that deduction payable to the order of the Brooklyn Mutual Telecommunications Cooperative. In making this authorization, I agree to all the terms of the paragraph below.

Signature: _____ Date: _____

I hereby authorize the Brooklyn Mutual Telecommunications Cooperative of Brooklyn, IA to pay my monthly phone bill by charging each payment to my account. I agree that each payment shall be the same as if it were an instrument personally signed by me in writing. In addition, I have the right to stop payment of the charge by timely notification to the Brooklyn Mutual Telecommunications Cooperative prior to charging my account. I understand, however, that both the Bank and the Brooklyn Mutual Telecommunications Cooperative reserve the right to terminate this payment plan, (or my participation therein). In the event that there is not enough funds in my account to pay the bill, it is considered an insufficient fund check and will be charged the rate at such time.

RETURN THIS FORM TO Brooklyn Mutual Telecommunications Cooperative
P.O. Box 513, BROOKLYN, IA 52211-0513