



877-655-7627 • 507-662-7000



110 S Hwy 86, P.O. Box 1006, Lakefield, MN 56150



southwestbroadband.com

Your signed order (or order to change or cancel this authorization) will take effect immediately unless you let us know otherwise. However, if the Auto Pay process has already run for the most recent statement, please choose another method of payment for that month's bill. If you enroll close to the due date, you may contact our office to confirm your start date for automated payments. Make a copy of this form for your records; return the original to us.

DEBIT AUTHORIZATION

I (we) hereby authorize Southwest Minnesota Broadband Services to initiate debit entries for the monthly amount due, and to initiate if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the

ancial institution named be	elow.			
(Financial Institution Name)		(Branch)		
(Financial Institution's Address, if known)		(City)	(State)	(Zip)
(Routing #)	(Account #)	Type of Acct: _	Checking	Savings
s authority is to remain in	full force and effect until Sou	thwest Minnesota Br	nadhand Services	has received written or ve

notification from me (or other authorized user) of its termination in such time and manner as to afford Southwest Minnesota Broadband Services and above-named financial institution a reasonable opportunity to act on it. All ACH payments will be subject to a \$30 fee if returned to us by the bank for any reason.

(Printed Individual or Business Name)	(Signature of Authorized Signer)
(SMBS Account Number)	(Date)
(Customer Contact Phone #)	

PLEASE ATTACH A COPY OF VOIDED CHECK BELOW.





