

## AUTO PAY ENROLLMENT FORM

Your signed authorization, or any request to change or cancel this authorization, will be processed promptly upon receipt unless otherwise specified. If the Auto Pay process has already been initiated for the current billing cycle, you will be responsible for making payment using another accepted payment method for that month's bill. If you have any questions regarding the effective date of your automatic payments, please contact us at 507-662-7000.

### DEBIT AUTHORIZATION

I hereby authorize Southwest Broadband to initiate an automatic debit entry each month from the financial institution account identified below for payment of my monthly service charges. The amount due will be deducted from my account on or about the due date shown on each monthly bill. I authorize debits to start on or after the authorized date provided below.

_____	_____	_____	_____
(Financial Institution Name)	(Branch)		
_____	_____	_____	_____
(Financial Institution's Address, if known)	(City)	(State)	(Zip)
_____	_____	Type of Acct: _____	_____
(Routing #)	(Account #)	Checking	Savings

This authorization shall remain in full force and effect until Southwest Broadband receives written or verbal notice of cancellation from me or another authorized account holder at least five (5) days prior to the next scheduled payment due date. Notice may be provided by calling 507-662-7000, in person at 110 S Hwy 86, Lakefield, or by mail to PO Box 1006, Lakefield, MN 56150.

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

Any ACH payment returned by the financial institution due to insufficient funds, a closed account, invalid account information, failure to provide timely notice of cancellation, or any other reason will be subject to a \$30.00 returned payment fee.

**PLEASE ATTACH A COPY OF VOIDED CHECK**

