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AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL (ACH)

**I HEREBY AUTHORIZE WELLMAN CO-OP TELEPHONE ASSOCIATION TO
INTIATE DEBIT WITHDRAWAL ENTRIES TO MY ACCOUNT:**

_____CHECKING _____SAVINGS

BANK NAME_____

BANK ADDRESS_____

YOUR NAME_____

YOUR BANK TRANSIT NUMBER_____

YOUR BANK ACCOUNT NUMBER_____

YOUR TELEPHONE NUMBER_____

PLEASE INCLUDE A VOIDED CHECK FOR VERIFICATION

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL WCTA HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD WCTA A REASONABLE OPPORTUNITY TO ACT ON IT AND IN NO EVENT SHALL IT BE EFFECTIVE WITH RESPECT TO DEBITS PROCESSED BY WCTA PRIOR TO RECEIPT OF NOTICE OF TERMINATION.

**AUTHORIZED
SIGNER_____DATE_____**
(CHECKING/SAVINGS ACCT)

**WCTA AUTHORIZED
SIGNATURE_____**

TITLE_____DATE_____