



Automatic Payment Service Authorization Agreement

Please include a COPY of a **voided check** and a **valid proof of identification** to match the name on check (e.g., driver's license, state I.D., passport, etc.).

Bank drafts are typically processed on the third of each month or the next SPTC business day if it falls on a weekend or holiday.

Month to Begin Draft: _____ 2024

Name and Address: _____

SPTC Account(s) to be paid: (806)_____ - _____ (806)_____ - _____
(806)_____ - _____ (806)_____ - _____

I hereby authorize South Plains Telephone Cooperative, Inc. and the financial institution designated to make automatic payments from the account I have specified on this authorization form. I understand that this authority is to remain in effect until canceled in writing by either myself, South Plains Telephone Cooperative, Inc., or the financial institution designated.

Please enclose a VOIDED CHECK showing your ACCOUNT NUMBER and Transit Routing/ABA number.

Financial Institution: _____

Institution Address: _____

Institution City/State/Zip: _____

Transit Routing/ABA Number: _____

Customer Account Number: _____

Bank Telephone Number: _____

Please Sign Below as it appears at your financial institution:

_____ Date: _____