South Plains Telephone Cooperative, Inc. dba

HORIZONS COMMUNICATIONS

Bank Draft Agreement

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

Draft Begin Date: Month _____ Year _____

Name and Address: _____

_____

_____

Horizons Account(s) to be paid: _____ _____

_____ _____

I hereby authorize Horizons Communications to draft the financial institution designated below 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 I notify Horizons Communications to cancel the bank draft, service with Horizons has been terminated, or if the indicated bank draft fails three or more times in a row.

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: _____

2425 Marshall * P.O. Box 1379 * Lubbock, Texas 79408 * Phone 806-863-8006 * Fax 806-863-9121