



DRAFT AUTHORIZATION

I hereby authorize Sandhill Telephone Cooperative Inc. and its subsidiaries, hereafter called COMPANY, to electronically debit my account on the 27th of each month (and, if necessary, to credit my account to correct erroneous debits) as specified at the depository financial institution named below. I agree that ACH transactions I authorize comply with all applicable law. Amount of debit shall be the amount as indicated on the monthly billing statement.

SANDHILL ACCOUNT NUMBER (OR PHONE NUMBER)

NAME AS SHOWN ON SANDHILL ACCOUNT

NAME OF FINANCIAL INSTITUTION

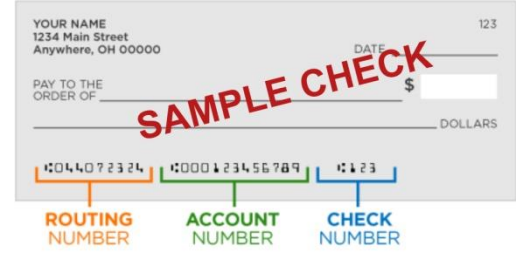
NAME AS SHOWN ON FINANCIAL INSTITUTION RECORDS

COMPLETE ONLY ONE: Bank Account Draft or Credit Card Draft

BANK ACCOUNT DRAFT CHECKING SAVINGS

Routing Number _____

Account Number _____



CREDIT CARD DRAFT (CHECK ONE)

Card Type *Discover* *MasterCard* *Visa*

Card Number _____ - _____ - _____ - _____ Expiration _____ / _____
MM YY

I understand this authorization will remain in full force and effect until I notify COMPANY in writing that I wish to revoke this authorization. I understand COMPANY requires at least **five** business days prior notice in order to cancel this authorization.

NOTES: You will continue to receive your bill as normal each month. Allow one to two billing cycles for draft to begin.

SIGNATURE AS ACCEPTED BY FINANCIAL INSTITUTION

DATE

