



Make Your Life Easier with Automatic Bill Payment

Lakedale Communications offers you the opportunity to pay your monthly bill without writing a check. With your authorization, we will, each month, automatically charge either your checking or savings account for the exact amount due on your telephone bill. We will continue to process your payment for you each month. At any time you desire, you may change or cancel your authorization by notifying us in writing.

It's simple, and there are a number of advantages for you:

Convenience: No more wasting time writing checks or mailing or delivering bill payments.

Cost Savings: Save the cost of stamps and check fees.

Peace of Mind: Never pay a late charge again because of a forgotten payment or a lost check.

Best of all, you have complete control over your bills. You will receive your monthly statement prior to any automatic payment being made. Deductions from your checking or savings account will be made on the due date on your monthly Lakedale Communications statement and will reflect a withdrawal by our parent company, Iowa Telecom.

To sign up, mail or fax the completed authorization form below to our Billing Department.



AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize Lakedale Communications and the financial institution named below to initiate entries to my checking/savings account. This authorization will remain in effect until I notify Lakedale Communications in writing at least 30 days in advance of the date I wish to cancel automatic payment service. I understand Lakedale Communications may discontinue this service if I have two payments returned due to insufficient funds during a 12-month period.

(Name of Financial Institution)

(Financial Institution Routing Number—between these symbols **■ ■** **■ ■** on the bottom left of your check)

(Address of Financial Institution)

(Phone Number of Financial Institution)

Checking Account Savings Account Account Number: _____

Important Note: Attach deposit slip or unsigned check marked "Void" showing your complete account number with the financial institution.

Bank Account Holder Signature: _____ Date: _____

Name as it appears on Lakedale Communications bill: _____

Billing Address: _____

Telephone Number: _____

Detach and mail or fax this form to: Lakedale Communications
Billing Department
PO Box 340
Annandale, MN 55302-0340
Fax # 320-274-3440

If you have any questions, please contact us at 320-274-8201 or 1-800-223-9694.

*For
Lakedale Communications
Use Only*

Date Rec'd. _____

Date Entered _____

SO # _____