



Automatic Payment by Credit Card

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



Credit Card Authorization Form

I do hereby authorize Lakedale Communications of Annandale, Minnesota, to pay my monthly telephone bill by automatically billing to my credit card account each month. Deductions will reflect a withdrawal by our parent company, Iowa Telecom. I understand I will provide 30 days written notice if I wish to cancel this authorization.

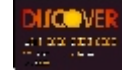
VISA



MasterCard



Discover



Credit Card Number: _____

Expiration Date: _____ / _____

Name: _____

Cardholder's Name (if different): _____

Street: _____

City: _____ State: _____

Zip Code: _____ - _____

Telephone Number: (_____) _____ - _____

Lakedale Communications Account Number: _____

Cardholder's Signature

Date