

MIDSTATE COMMUNICATIONS, INC
Customer Authorization for Direct Payment via ACH or Credit Card

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. If you wish to have your account set up on Direct Payment from your Bank Account or Credit Card, please complete the Authorization form below and return to: Midstate Communications, Inc. PO Box 48 Kimball, SD 57355.

Name _____ Account # _____

CHECK ONE: New Payment Change Information Cancel Auto Bank/Auto Credit Card

I (we) agree that the authorized MONTHLY debit date will be as elected: 4th 10th 19th

I (we) understand that this is a recurring entry request and that debits will occur at substantially regular intervals, as chosen above, without further affirmative action by the receiver.

AUTOMATIC BANK WITHDRAWAL:

CHECK ONE: Checking Account Savings Account

Depository (Bank) Name: _____ Routing Number: _____

Name on Account: _____ Account Number: _____

**Please enclose a personalized VOIDED CHECK or an account verification letter from your financial institution containing their letterhead.*

AUTOMATIC CREDIT CARD WITHDRAWAL:

CHECK ONE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number: _____ Exp. Date: _____ CVV # _____

**I agree to inform Midstate when my card expires and provide them with a new card number and updated expiration date.*

I (we) authorize Midstate Communications, Inc. to electronically debit my(our) account and, if necessary, to electronically credit my(our) account to correct erroneous debits to the account listed above. I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

I (we) agree that the authorized debit amount will be: The balance due on the account on the elected debit date stated above.

I (we) understand that this authorization will remain in full force and in effect until I (we) notify Midstate Communications, Inc., in writing, that I (we) wish to revoke this authorization. I (we) understand that Midstate Communications, Inc. requires a minimum of five business days prior notice to cancel this authorization.

Customer(s) Printed Name(s): _____

Customer(s) Signature(s): _____ Date: _____

Go PAPERLESS? YES NO

If yes, please go to www.midstatesd.net – Click on My Bill Pay – Sign up for Estatement. You will need your latest invoice with the account number and the amount due. Once signed up, you will need to change your invoice preference to WEB BILL ONLY. Click on SETTINGS and at the top click on GENERAL. Choose to receive “Web bill only” Once your sign up is complete, you will begin to receive a \$1.50 per month discount on your bill!