



641-527-2690
 Lynnville Telephone
 PO Box 306
 Sully, IA 50251
 Internet Access

Please return this completed form to
 Lynnville Telephone
 PO Box 306
 Sully, IA 50251

Name _____
 Address _____ City _____ State _____ Zip _____

Billing address if different _____

Cell Phone _____ Cell Phone Provider _____

Username or email address _____ Email Monthly Statement ____ Yes ____ No

Mother's Maiden Name: _____ (Needed for password security)

Internet Speed & Rate

Speed	Monthly Rate	Place a X for Speed
100M/100M	\$ 70.00	
500M/500M	\$ 110.00	
GIG/GIG	\$ 125.00	

Prices and Availability subject to change without notice

Credit Card/ Debit Card Payment ACH Payment Authorization

Sign and complete this form to authorize Sully Telephone Association to charge your credit card/debit card or ACH payment listed below.

Account Type: Visa MasterCard Discover
 Cardholder Name _____
 Account Number _____
 Expiration Date _____
 CW2 (3 Digit number on bank of Visa/MC) _____

Account Type: Checking Savings
 Name on Acct _____
 Bank Name _____
 Account Number _____
 Bank Routing # _____
 Bank City/State _____



Customer Signature _____ Date _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Lynnville Telephone in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Lynnville Telephone may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.