



BANK PAYMENT AUTHORIZATION PLAN

AUTHORITY TO BANK—TO HONOR DRAFTS
DRAWN BY WESTERN IOWA TELECOM
(Please include a voided blank check with this completed form)

To: _____
(Bank Name)

(Bank Location; City & State)

(Bank Routing Number)

(Bank Checking Account Number)

(Depositor's Telephone Number)

(Depositor's Name (s))

(Depositor's Address)

(Depositor's City & State)

As a convenience to me, I hereby request and authorize you to pay and charge to my account, automatic clearinghouse payments, to the order of Western Iowa Telecom. I agree that your rights in respect to each such payment shall be the same as if it were signed personally by me. This authority is to remain in effect until revoked or changed in writing and I agree that you shall be fully protected in honoring any such payment. I understand, however, that both the Bank and the Company reserve the right to terminate the Bank Payment Plan (or my participation therein) by giving written notice to me. I further agree that if any such payment be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the suspension of telephone service. In the event of any dishonored payment, charges will apply. Payments are deducted on the 15th of the month.

X _____

X _____
(Bank signature of Depositors)