



Heartland Fiber, Inc.
PO Box 318, Eureka, IL 61530-0318
309-467-9373

AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

Direct Payment via ACH is the transfer of funds from your account to ours for the purpose of making a payment for service(s).

I (we) hereby authorize **Heartland Fiber, Inc.**, to initiate debit entries (payments) and, if necessary, credit entries and adjustments for any erroneous debit entries, to my (our) bank account named below.

Checking Account Savings Account

Bank or Credit Union Name _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Amount of debit(s): Amount posted on Customer's monthly statement

Date and/or frequency of debit(s): On the 10th of each month

I (we) understand that this authorization will remain in full force and effect until I (we) notify **Heartland Fiber, Inc.** in writing or by phone that I (we) wish to revoke this authorization.

Furthermore, I (we) understand that **Heartland Fiber, Inc.** requires notification of revocation at least 7 days prior to the effective debit date in order to cancel this authorization. (Payment will be debited on the 10th of the month, therefore Heartland Fiber must receive notice no later than the 3rd of the month.)

Printed Name(s) _____

Signature(s) _____

Date _____

I would like to:

continue receiving a monthly statement by mail

receive monthly statement by email at this address: _____