



Salina-Spavinaw  
Telephone Co., Inc.

**BANK DRAFT AUTHORIZATION FORM**

I AUTHORIZE THE \_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

TO DEDUCT FROM MY **CHECKING OR SAVINGS ACCOUNT**  
# \_\_\_\_\_ THE AMOUNT OF MY MONTHLY SALINA-  
SPAVINAW TELEPHONE BILL.

\_\_\_\_\_  
NAME OF TELEPHONE SUBSCRIBER  
(PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF TELEPHONE SUBSCRIBER

\_\_\_\_\_  
TELEPHONE NUMBER

**ATTACH THE CUSTOMERS' VOIDED CHECK FOR BANK ROUTING NUMBER**