



BANK DRAFT AUTHORIZATION

Fill in the form below, attach cancelled check, and mail to:

EATEL BANK DRAFT
913 S. Burnside Ave.
Gonzales, LA 70737

After we receive your authorization, we will notify your bank of the amount due on your EATEL bill each month. The bank will deduct the correct amount from your checking account after your bill date and send a record of the amount to you with your monthly statement. In case of an error, simply call EATEL at **621-4300** and any adjustment necessary will be shown on your next month's bill.

_____ Depositor's Name as shown on Bank Account		_____ Checking Account number
_____ Name of Bank	_____ Branch, if any	_____ Routing number
_____ Address of Bank	_____ Street	_____ Town

I hereby authorize my Bank to pay my EATEL bills by BANK DRAFT.

_____ Signature (as shown on checking account)	_____ Date
_____ Telephone number	_____ EATEL account number

I agree that the bank's rights in respect to each draft or check used in the BANK DRAFT PLAN shall be the same as if issued and signed by me personally. It will not be necessary for EATEL or anyone employed by it to sign such drafts or checks. I further agree that you shall be under no obligation to furnish me with any special notice in writing or otherwise of the payment of any such draft or check, or the charging of the same to my account.

This authorization is to remain in effect until revoked by me, and until you actually receive such notice I agree that you shall be fully protected in honoring such draft or check. EATEL is instructed to forward this authorization to you.

(NOTE TO BANK: IF FOR ANY REASON THIS ARRANGEMENT IS UNSATISFACTORY WITH YOU, PLEASE CALL EATEL AT 621-4300.)