

Complete Communication Services  
P.O. Box 438  
Stratford, IA 50249-0438

DATE \_\_\_\_\_

TO \_\_\_\_\_ BANK

You are hereby authorized, until further notice, to pay Complete Communication Services (CCS), the amount of my CABLE TV bill each month. I understand a payment notification or debit slip will be included with my cancelled checks when I receive my bank statement from you each month.

ACCOUNT NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

BANK ROUTING NUMBER \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_