

The National Rural Telecommunications Cooperative

SUBSCRIBER'S AUTHORIZATION FOR ELECTRONIC FUND TRANSFER

NOTE: When submitting this form, please include a voided check from the below account.

I am the party responsible for payment of:

DIRECTV ACCOUNT NUMBER: _____

By completing and submitting this form, I authorize payment of my DIRECTV bill by electronic fund transfer (EFT).

NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE AND ZIP CODE: _____

TELEPHONE NUMBER: _____

Until this authorization is revoked in writing, I permit J.P Morgan Chase to initiate debit entries to my bank account, designated below:

BANK NAME: _____

NAME ON THE ACCOUNT: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

I authorize and request that the above-named financial institution accept any debit entries initiated by J.P Morgan Chase to the account specified and to debit the same to such account without responsibility for the correctness thereof.

I agree to maintain such money in this account to cover the debit. I understand that my local DIRECTV provider reserves the right at any time upon written notice to require payment in any other commercially accepted manner.

SIGNATURE: _____

DATE: _____

