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### DIRECT PAYMENT

We are pleased to offer you a new service – the Direct Payment Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you need not change your present banking relationship to take advantage of this service.

### The Direct Payment Plan has its benefits

- It saves time – fewer checks to write
- It helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town.
- No lost or misplaced statements and your payment is always on time – it helps maintain good credit.
- It saves postage.
- It's easy to enroll, easy to cancel.

### Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear on your statement. (There is a transaction fee of 50¢/month.) The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us at:

Countryconnect  
Direct Payment Program  
10600 W. Higgins Road, Unit 517  
Rosemont, IL 60018-3719

### All you need to do is:

1. Mark the box indicating whether your payment will be deducted from your checking or savings account.
2. Fill in your name, the date and your financial institution name and location.
3. Attach a voided check for verification of all financial institution information. Failure to do so may result in a delay
4. NOTE: Be sure to sign the form!
5. If you no longer wish to receive a paper bill, please go to [www.countryconnect.us](http://www.countryconnect.us), choose the Connection link, then choose Connection Login and click the Register Here link.



### AUTHORIZATION FOR DIRECT PAYMENT

I authorize Countryconnect to initiate electronic debit entries to my:

checking account or  savings account

for payment of my telephone bill. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Name \_\_\_\_\_ Date \_\_\_\_\_

Billing Telephone Number \_\_\_\_\_

Countryconnect Account Number \_\_\_\_\_

Financial Institution Name (Please Print) \_\_\_\_\_

Account Number at Financial Institution \_\_\_\_\_

Financial Institution Routing/Transit Number \_\_\_\_\_

Financial Institution City and State \_\_\_\_\_

Signature \_\_\_\_\_

### Staple Voided Check

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS