



## Bank Draft Request

Mail To: PSTEL.Net P.O. Box 669 Reynolds, GA 31076

Billing Account Name \_\_\_\_\_

Billing Account Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Depositor's Name \_\_\_\_\_  
(as shown on bank records - please print)

Checking Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

As a convenience to me and in accordance with the representations below, I hereby authorize you to pay and to charge to my account drafts drawn on me or checks drawn on my account by PSTEL.Net and payable to its own order.

Date \_\_\_\_\_ Bank Signature of Depositor \_\_\_\_\_

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

It will not be necessary for PSTEL.net or anyone employed by it to sign such drafts or checks, and I agree that your rights in respect to each such draft or check shall be the same as if issued and signed personally by me. I further agree that you shall be under no obligation to furnish me with any special advice or notice in writing or otherwise of the presentment or 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 in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such draft or check.

PSTEL.net is instructed to forward this authorization to you.