Pay-By-Bank Application

| Telephone Number | |
|-------------------------|-------|
| Name | |
| Address | |
| City | State |
| Daytime Phone | |
| Evening Phone | |
| Financial Institution | |
| Bank Routing Number | |
| Personal Account Number | |
| Checking or Savings | |
| First Payment Date | |
| Signature | |

Return this form to:

Farmers Mutual Telephone Company P. O. Box 50106 Okolona, OH 43550

Please include a copy of your check or deposit slip along with the application.