



WEBSITE COPY

## Automatic Monthly Payment Authorization

Automatic Bill Payment is now available! You won't need to remember the due date on your bill, and you'll never have to write us a check ever again. Just fill out the form below and we will deduct your payment on the 20th of each month. You will still receive your bill by mail for your review, but it will read "automated withdrawal is scheduled on the 20th."

Account Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Account ID: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

- OPTION A:** If you wish to have your Automated Bill Payment withdrawn from your Checking or Savings account, please fill out the information in this section.  
(For Option A, you must include a voided check)

Name of Bank or Credit Union: \_\_\_\_\_

Type of Account (Circle One):      Checking      Savings

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

- OPTION B:** If you wish to have your Automated Bill Payment withdrawn from your Credit or Debit Card; please fill out the information in this section.

Credit/Debit Card Information:

Type: \_\_\_\_\_ VISA      \_\_\_\_\_ MasterCard      \_\_\_\_\_ Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Card Security Code: \_\_\_\_\_

(The Card Security Code is located on the back of your credit or debit card and is typically a separate group of 3 digits to the right of the signature strip)

*I authorize Marquette-Adams Telephone Cooperative to deduct my payment from the account listed above. If I should decide to discontinue this plan, I will notify Marquette-Adams Telephone Cooperative in writing.*

Month to begin: \_\_\_\_\_

*We must have this information no later than the 20th in order to be processed for the next billing.*

\_\_\_\_\_  
Signature (Required regardless of which option you have chosen)

\_\_\_\_\_  
Date