



202 N East Street  
PO Box 67  
Blue River WI 53518  
608-537-2461  
608-537-2222 (fax)



## Automated Payment Authorization

I hereby authorize automatic withdrawal from my financial institution, as indicated below, for charges incurred as a result of my relationship with Richland-Grant Telephone Cooperative.

I understand that the transfer will occur on or about the 10<sup>th</sup> of each month or the next business day if the 10<sup>th</sup> falls on a weekend or holiday.

I may revoke this automated payment authorization at any time with 10 days notice to Richland-Grant Telephone Cooperative at the address above.

\_\_\_\_\_

<b>Printed</b> Name of Account Holder	Signature	Date
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\_\_\_\_\_

Mailing Address	City, State, Zip Code
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\_\_\_\_\_

Billing Telephone Number	Contact Telephone Number
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Select ***ONE*** option below:

- \_\_\_ **Checking account**      Attach a copy of your *voided, unsigned* check.
- \_\_\_ **Savings account**      Include a letter from your financial institution verifying your savings account number and the routing number of the financial institution.
- \_\_\_ **Credit or debit card**      Complete all information requested below.
  - One-time payment for \_\_\_\_\_  
(i.e., adv pmt, product purchase, bill pmt, PC repair, etc.)
  - Recurring monthly payment

Name of cardholder: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Card type:     V     MC                      Exp Date: \_\_\_\_\_

Validation # \_\_\_\_\_ (last 3 digits on back near signature)

**(for office use only)**

Today's Date \_\_\_\_\_

REP Init \_\_\_\_\_

Date Completed \_\_\_\_\_

BY (init) \_\_\_\_\_

Trans ID # \_\_\_\_\_