



202 N. East St. P.O. Box 67
 Blue River, WI 53518
 608-537-2461 608-537-2222 (fax)
 www.rgtc.coop

Convenient Options for Paying Your Bill

Automatic withdrawal: Complete the Automated Payment Authorization form below for automatic withdrawal on the 10th of each month from your checking, savings, debit card or credit card.

Online payment: The Richland-Grant Telephone website home page (www.rgtc.coop) offers the option to “Click Here to Pay Your Bill Online with E-bill.” From there, just register your information. You can view and pay your bill online. If you elect the option to go “paperless,” meaning we no longer mail you a paper bill, you will receive an email notification when the bill is available to be viewed.

Online payment service: Many banks offer bill payment services through their banking websites. You decide who, when, and how much you pay. Check with your bank for details.

Payment by telephone: Call our office (611 or 537-2461) for credit or debit card payments.

Payment drop-off at these locations: Royal Bank of Gays Mills, Peoples State Bank in Soldiers Grove, the Richland-Grant Telephone business office in Blue River.

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 10th of each month or the next business day if the 10th 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.

_____ Signature _____ Date _____
 Printed Name of Account Holder

_____ City, State, Zip Code _____
 Mailing Address

_____ Contact Telephone Number _____
 Billing Telephone Number

- Select **ONE** option: **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.
- Recurring monthly payment
- One-time payment for _____ (i.e., adv pmt, product purchase, bill pmt, PC repair, etc.)

Name of cardholder: _____ Credit card #: _____

Card type: V or MC (only) Exp Date: _____