



**AUTHORIZATION FOR AUTOMATIC
PAYMENT WITHDRAWAL**

Billing Name _____ Account Number _____

Billing Address _____

Phone Number _____

Automatic Payment

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Financial Institution Routing Number _____
(On the bottom left of your check)

Account Number _____ Checking _____ Savings _____

Day of the month for payment withdrawal 3rd of month _____ or 15th of month _____

Email Bills

_____ YES, I would like my monthly bills emailed to me.

Email Address: _____

I authorize Grantsburg Telcom and the financial institution named above to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford Grantsburg Telcom and the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying Grantsburg Telcom three (3) days before my account is charged.

Signature _____ Date _____