



**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 3<sup>rd</sup> of month \_\_\_\_\_ or 15<sup>th</sup> 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 \_\_\_\_\_