

Automatic Payment Plan Authorization Form

Yes, I want to participate in the Automatic Payment Plan.

Name(s) on Bloomer Telephone Co. Bill:

Phone Number on Bill:

Billing Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Name of Financial Institution:

Address of Financial Institution:

City:

State:

Zip:

Phone Number:

Account Number:

Checking: []

Savings: []

If your payment is to be deducted from your checking account, enclose a voided check. If your payment is to be deducted from a savings account, enclose a deposit slip that displays your account number.

Bloomer Telephone Co., has the right to cancel my use of Automatic Payment Plan. I will notify Bloomer Telephone Co., in writing, 30 days prior to canceling my use of the Automatic Payment Plan.

Signature(s):

Sign Here: _____

Sign Here: _____

**** Note:** If the account is in two names, both account holders need to sign above.

Date: _____

Mail this form along with your voided check or deposit slip to Bloomer Telephone Co., 1120 15th Ave., Bloomer WI 54724. If you have any questions, please call the office at 715-568-4830.