

# Automatic Payment Plan Authorization Form

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

Name(s) on Bloomer Broadband 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:

Checking: ( )

Savings: ( )

\_\_\_\_\_

Account Number:

Routing Number:

\_\_\_\_\_

\_\_\_\_\_

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

Signature(s): \_\_\_\_\_

**\*\*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 Broadband, 1120 15<sup>th</sup> Ave., Bloomer WI 54724. If you have any questions, please call the office at 715-568-4830.

[We also have online bill payment options. Please visit our website at www.bloomer.net](http://www.bloomer.net)