

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: ()

Monthly:

Effective Start Date: _____

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 15th 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)