



Bloomer Broadband
1120 15th Avenue | Bloomer, WI 54724
715-568-4830 | www.bloomer.net

ACH Debit Authorization Form

Customer Information

Customer Name: _____

Service Address: _____

City / State / ZIP: _____

Phone Number: _____

Email Address: _____

Bank Account Information

Account Type: Checking Savings

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

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.

Recurring ACH Debit Authorization Agreement

By signing below, I authorize Bloomer Broadband ("Company") to initiate recurring electronic debit entries ("ACH debits") to the checking or savings account indicated above for payment of services, fees, and applicable charges.

Authorization Terms

This authorization will remain in effect until I cancel it in writing. I understand that I must provide written notice of cancellation or any changes to my account information at least ten (10) days prior to the next scheduled billing date. If a scheduled payment date falls on a weekend or holiday, the transaction may be processed on the next business day or prior business day.



Electronic Funds Transfer Disclosure

I understand that ACH transactions are electronic transfers and that funds may be withdrawn from my account on or after the scheduled payment date.

Returned Payments / Non-Sufficient Funds (NSF)

If an ACH debit is returned due to non-sufficient funds or other reasons, Bloomer Broadband may attempt to reprocess the payment in accordance with applicable rules. Any applicable returned payment fees will be assessed in accordance with the Company’s current policies and fee schedule.

Compliance and Authorization

I acknowledge that ACH transactions must comply with all applicable U.S. laws, including NACHA Operating Rules. I certify that I am authorized to use this account.

Agreement Scope

I understand that this authorization applies only to transactions consistent with the terms outlined in this agreement.

NACHA Agreement

I agree to be bound by the NACHA rules and regulations governing electronic funds transfers.

Customer Authorization

Authorized Signature: _____

Print Name: _____

Date: _____

Office Use Only

Account Number: _____

Date Entered: _____

Processed By: _____

We also have online bill payment options. Please visit our website at www.bloomer.net