

**AUTOMATIC PAYMENT PLAN**

Account # \_\_\_\_\_

Name: (As shown on your bill): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Checking Account:** Financial Institution Name & Address: \_\_\_\_\_

\_\_\_\_\_

Checking Account To Be Charged: **(Please Attach Voided Check)**

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

**Credit Card:** Name as appears on card: \_\_\_\_\_

Card Type: Visa / Master Card (Please Circle one)

Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Security code: \_\_\_\_\_ (3 digits on back of card)

Credit Card # \_\_\_\_\_

*I hereby authorize Tri-County Telephone Association, Inc, Council Grove, Kansas, to deduct my monthly bill from the account identified above. I understand that my automatic payment will be deducted the 10<sup>th</sup> of each month. I have the right to stop payment of a charge by notifying Tri-County Telephone Association, Inc by the 5<sup>th</sup> of the month. I understand, however, that both the financial institution and Tri-County Telephone Association, Inc. reserve the right to terminate this payment plan or my participation therein. This payment plan is offered at no charge by Tri-county Telephone Association, Inc.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_