

*Go Green* with eBilling  
and Automatic Payment Service

Please sign me up to receive my bill each month as an email. Send my bill to:

\_\_\_\_\_ (email address)

Please sign me up to have the amount of my bill automatically deducted from the account indicated on the Pre-authorization Payment Form below.  
*(Please complete the form below and attach a voided check to this form. Return both along with your payment.)*

## Pre-authorization Payment Form

I (we) hereby authorize the telephone company, hereinafter called COMPANY, to initiate debit entries to the account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME: \_\_\_\_\_

DEPOSITORY BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

TRANSIT / ABA NO: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

ACCOUNT TYPE (Please check one):    Checking    Savings

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from the authorized person of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME on ACCOUNT: \_\_\_\_\_

AUTHORIZED PERSON: \_\_\_\_\_

SS# or TAX ID: \_\_\_\_\_

PHONE #: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED (X): \_\_\_\_\_

SIGNED (X): \_\_\_\_\_

To insure validity of your bank information - please attach a voided check to this authorization.

If you have any questions, please call our office at 738-2211.