AUTOMATIC PAYMENT APPLICATION

Customer Information

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

***Please choose either Credit Card Authorization, if you would like your Auto Payment to be on a credit card **OR**

Choose Bank Authorization if you would like your payment automatically deducted from your financial institution. ***

BANK AUTHORIZATION

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS OF FINANCIAL INSTITUTION: _____

CITY: _____ STATE: _____ ZIP: _____

[   ] **CHECKING:** Attach a voided check

[   ] **SAVINGS:** Attach a deposit slip

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

I authorize Albany Fiber Communications and the bank named above to initiate entries to debit my account. This authority will remain in effect until I notify you in writing to cancel it at such a time as to afford a reasonable opportunity to act on it.

SIGNATURE: _____

CREDIT CARD AUTHORIZATION   ** Please note there will be a 3% merchant fee

NAME ON ACCOUNT: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVV#: _____ CARD TYPE: _____

I authorize Albany Fiber Communications and the credit card company named above to automatically bill my account. This authority will remain in effect until the expiration date on my card or until I notify you in writing to cancel it at such a time as to afford a reasonable opportunity to act upon it.

By signing below, I authorize Albany Fiber Communications as to bill all regular charges to my credit card. Since my payment amount varies each month, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.

SIGNATURE: _____

Please complete necessary fields and return to Albany Fiber Communications by mail at, 131 6th St., Albany, MN 56307 or by fax to 320-845-7000. Questions? Call us at 320-845-2101 or visit www.albanytel.com