Albany Mutual TELEPHONE

ALBANY FIBER COMMUNICATIONS

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. ***

PAYMENT WILL COME OUT ON THE 15th OF EVERY MONTH. This is to start on the 15th of _____, _____ .

By signing below, I authorize Albany Mutual Telephone/Albany Fiber Communications to bill all regular charges to my preferred method of payment as indicated below. Since my payment amount varies each month, the amount due for each debit will be determined by the total balance on my monthly billing statement, including charges for actual and estimated service usage.

Both Originator and Receiver of this authorization agree to be bound and compliant to the NACHA Rules.

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 Mutual Telephone/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:** VISA MasterCard DISCOVER NETWORK

I authorize Albany Mutual Telephone/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. **We do not accept American Express.**

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