

Automatic Payment Plan

We are pleased to offer an Automatic Payment Plan. Now you can have your payment made automatically from your checking, savings, debit or credit card account. In addition, you will not have to change your present banking relationship to take advantage of this service.

Here's how the Automatic Payment Plan works:

You authorize regular scheduled payments to be made from your checking, savings, debit or credit card account. Then, just sit back and relax. Your payments will be processed on the 15th of each month.

The authority you give to charge your account will remain in effect until you notify us to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date.

The Automatic Payment Plan saves you time and money on checks and postage, and it gives you peace of mind knowing your payment is made on time. To take advantage of this service, complete the authorization form below and return it to us at 800 Central Ave N, Brandon, MN 56315.

RETAIN FOR YOUR RECORDS

On _____ I authorized Gardonville Cooperative Telephone Association to initiate electronic entries to my account and agree to the terms as detailed on the authorization. This authority will remain in effect until I cancel it.



AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize Gardonville Cooperative Telephone Association and the bank, debit or credit card company named below to initiate withdrawals from my checking, savings, debit or credit card account. This authority will remain in effect until I notify Gardonville Cooperative Telephone Association to cancel it. The company will have a reasonable opportunity to act on it.

Customer Information

Your Name or Company Name *(please print)*

Address

Gardonville Account Number

Signature

Date

How would you like your payment to be made?

Checking Account: _____ Savings Account: _____

Important: Please enclose a voided check if you choose to make payments through your checking or savings account.

VISA: _____ DISCOVER: _____

Master Card: _____ American Express: _____

Card Number:

Expiration Date: ____ / ____ CCV: _____

Billing Address on Debit or Credit Card Statement

Email address to be notified when your payment has been drafted. *(optional)*