

Direct Payment & Paperless Billing Authorization

Direct Payment will help you in several ways:

- It saves time – fewer checks to write.
- It helps meet your commitment in a convenient and timely manner – even when you are away from home.
- No lost or misplaced statements. Your payment is always on time, which helps maintain good credit.
- It saves money – no postage.
- It's easy to sign up for and easy to cancel.
- No late charges.

Here's how Direct Payment works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified billing date. Proof of payment will appear on your statement.

The authorization you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

Direct Payment is dependable, flexible, convenient and easy. To take advantage of this service, complete the authorization form below and return it to us with **a voided check for verification of your financial institution information.**

AUTHORIZATION FOR DIRECT PAYMENT

I authorize UNION TELEPHONE COMPANY

to initiate entries to my checking account. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. The authorization for direct payment will remain in effect until I notify you in writing to cancel it in such time as to afford the company reasonable opportunity to act on it.

The account number I want Union to credit is: _____, or phone number: _____.

E-Mail address that we will send confirmation and bill to: _____.

(NAME OF FINANCIAL INSTITUTION)

(BRANCH)

(CITY)

(STATE)

(ZIP CODE)

(SIGNATURE)

(DATE)

(NAME – PLEASE PRINT)

(ADDRESS – PLEASE PRINT)

Account No. _____

Financial Institution Routing Number _____

(Nine-digit number located on the bottom left of your check.)

Please select boxes below to authorize credit:

****AutoPay Authorization** **Opt-in to waive \$5 service fee** (attach voided check)

****Paperless Billing Authorization** **Opt-in to waive \$5 service fee**

RETAIN FOR YOUR RECORDS

On After Billing Date _____ I authorized
(DATE)

UNION TELEPHONE COMPANY

(COMPANY NAME & DEPARTMENT)

P.O. BOX 160 MOUNTAIN VIEW WY 82939

(ADDRESS)

307-782-6131

(PHONE)

to initiate electronic entries to my checking account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.