

Authorization for Automated Bill Payment

Return this form to: Arkansas Telephone Co., Inc.
POB 69
Clinton, AR 72031

For Additional Information: 501.745.2114

Name: _____
(As it appears on your bill – PLEASE PRINT)

Address: _____

City: _____ Zip: _____ Phone: _____

Customer Account Number: _____
(As shown on your bill)

Financial Institution: _____ Branch: _____

Check One: Checking Account ____ Savings Account ____

Account Number: _____ Routing Number: _____

IMPORTANT: PLEASE RETURN A VOIDED CHECK WITH THIS FORM TO ENSURE ACCURATE PROCESSING.

I authorize you to charge my checking/savings account monthly in the amount of my monthly bill to make that deduction payable to Arkansas Telephone Co. In making this authorization agree to all of the Terms and Conditions of Authorization.

Date: _____ Signature: _____

NOTE: This authorization is to remain in full force and effect until Arkansas Telephone Co. has received written notification from me of its termination in such time and in such manner as to afford Arkansas Telephone Co. and the above named Financial Institution a reasonable opportunity to act on it.