



## Automatic Payment Plan

*An easy payment program that gives you peace of mind.*

115 South Main Street  
Waldron, MI 49288  
Phone: (517) 286-6211 or 888-792-7958  
Fax: 517-286-6219

### Authorization Form

#### Customer Information

Your Name \_\_\_\_\_ Account # \_\_\_\_\_  
(as it appears on your bill)

Address \_\_\_\_\_ Soc. Security # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Place (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### Financial Institution / Credit Card Information

Financial Institution Name \_\_\_\_\_

Branch \_\_\_\_\_ Bank Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account is a:  \*Checking  Savings

**\*Please provide a voided check**

#### Authorization

*I hereby authorize Waldron Telephone Co. / Waldron Communication Co. to deduct my payment(s) from the account listed above. I understand that I control my payment, and I will notify Waldron Telephone Co. / Waldron Communication Co. if at any time I decide that I would like to discontinue this payment service.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please return your completed form to Waldron Telephone / Waldron Communication office.  
We can initiate this on next month's bill.  
Your payment will be taken on the 15th of the month.