



21980 State Route 637 • Defiance, Ohio 43512 • Telephone: 419-393-2233 • Fax: 419-393-2255 • E-mail: artelco@bright.net

## ACH Payment Authorization Form

I hereby authorize The Arthur Mutual Telephone Company (*The Company*) to initiate an ACH payment entry for the full amount due on my telephone bill as of the 15<sup>th</sup> of each month from my checking/savings account at the *Financial Institution* indicated below. This authority will remain in effect until The Company is notified by me in writing to cancel it in such time as to afford The Company and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
**Name of Financial Institution**

\_\_\_\_\_  
**Financial Institution's Routing Transit Number**

\_\_\_\_\_  
**Financial Institution Street Address**

\_\_\_\_\_  
**Checking Account #**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Savings Account #**

\_\_\_\_\_  
**Authorized Customer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Customer Name (Please Print)**

\_\_\_\_\_  
**Billing Account Telephone #**

**Please Attach a Copy of a Canceled Check or Deposit Slip**