

Titonka-Burt Communications Authorization for Automatic Payment

Customer Name _____ TBC Account # _____

Please deduct my monthly TBC bill from:

Bank Name _____

Bank Routing # _____ Bank Account # _____

OR CREDIT CARD

___ VISA ___ MASTERCARD ___ DISCOVER

Name as it appears on credit card _____

Credit Card # _____ Expiration Date _____ CVV2 _____

To withdraw from the TBC Automatic Payment option simply send us a written note or give us a call.

Signature _____ Date _____