

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**_____

Payments will be withdrawn on the 19th day of each month or the next business day if the 19th falls on a weekend or holiday.

To withdraw from the TBC Automatic Payment option simply send us a written note or give us a call at 515-928-2110.

Signature_____ **Date**_____

Mail completed form to:
Titonka-Burt Communications
PO Box 321
Titonka, IA 50480

OR drop off at:
Titonka-Burt Communications
247 Main St. N
Titonka, IA 50480