

Titonka-Burt Communications Authorization for Automatic Payment

Customer Name _____ **TBC Account #** _____

Please deduct my monthly TBC bill from:

Bank Name _____

Bank Routing # _____ **Bank Account #** _____

Payments will be withdrawn on the 19th day of each month or the next business day if the 19th falls on a weekend or holiday.

CREDIT CARD ___ **DEBIT CARD** ___

___ VISA ___ MASTERCARD ___ DISCOVER

Name as it appears on credit card _____

Credit Card # _____ **Expiration Date** _____ **CVV2** _____

Payments will be withdrawn on the 20th day of each month (payment due date)

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