



202 N. East Street, PO Box 67
Blue River, WI 53518
608-537-2461 608-537-2222 (fax)
www.rgtc.coop

Convenient Options for Paying Your Bill

Automatic withdrawal: Complete the Automated Payment Authorization form below for automatic withdrawal on the 20th of each month from your checking, savings, debit card or credit card.

Online payment: The Richland-Grant Telephone website home page www.rgtc.coop offers the option to "Click Here to Pay Your Bill Online with E-bill." From there, just register your information. You can view and pay your bill online. If you elect the option to go "paperless," meaning we no longer mail you a paper bill, you will receive an email notification when the bill is available to be viewed.

Online payment service: Many banks offer bill payment services through their banking websites. You decide who, when, and how much you pay. Check with your bank for details.

Payment by telephone: Call our office (608-537-2461) for credit or debit card payments.

Payment drop-off: The Richland-Grant Telephone business office in Blue River. We also have a Night Depository for after-hours convenience.

Automated Payment Authorization

I hereby authorize automatic withdrawal from my financial institution, as indicated below, for charges incurred as a result of my relationship with Richland-Grant Telephone Cooperative.

I understand that the transfer will occur on or about the 20th of each month or the next business day if the 20th falls on a weekend or holiday.

I may revoke this automated payment authorization at any time with 10 days notice to Richland-Grant Telephone Cooperative at the address above.

_____ Printed Name of Account Holder _____ Signature _____ Date

_____ Mailing Address _____ City, State, Zip Code

_____ Billing Telephone Number _____ Contact Telephone Number

- Select **ONE** option: **Checking account.** Attach a copy of your *voided, unsigned* check.
 Savings account. Include a letter from your financial institution verifying your savings account number and the routing number of the financial institution.
 Credit or debit card. Complete all information requested below.
 Recurring monthly payment
 One-time payment for _____

Name of cardholder: _____ Credit card #: _____

Card type: Visa MC Exp Date: _____ Validation # _____ (last 3 digits on back near signature)