



202 N. East St. P.O. 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 10th 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 (611 or 537-2461) for credit or debit card payments.

Payment drop-off at these locations: Royal Bank of Gays Mills, Peoples State Bank in Soldiers Grove, the Richland-Grant Telephone business office in Blue River.

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 10th of each month or the next business day if the 10th 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 _____ (i.e., adv pmt, product purchase, bill pmt, PC repair, etc.)

Name of cardholder: _____ **Credit card #:** _____

Card type: V or MC (only) **Exp Date:** _____ **CVC** (three digit number on back of card) _____