



Automatic Payment Application

Technology. All the Way Home.

Please complete necessary fields and return to Albany Mutual Telephone by mail at 131 6th Street Albany, MN 56307 or by fax to 320.845.7000. If you have any questions please do not hesitate to call 320.845.2101.

Customer Information

Name (Directory Listing): _____ Date: _____
Address: _____ Telephone number: _____

****Please choose either Credit Card Authorization if you would like your Auto Payment to be on a credit card. Choose Bank Authorization if you would like your payment automatically deducted from your financial institution.**

Credit Card Authorization

I authorize Albany Mutual Telephone and the credit card company named below to automatically bill my account. This authority will remain in effect until the expiration date on my card or until I notify you in writing to cancel it at such a time as to afford a reasonable opportunity to act upon it.

Name on Account: _____

Account Number: _____

Expiration Date: __/__/____ Card Type: **Visa Mastercard Discover**

By signing below I authorize Albany Mutual Telephone to bill all regular charges to my credit card. Since my payment amount varies each month, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.

Signature: _____

Bank Authorization

I authorize Albany Mutual Telephone and the bank named below to initiate entries to debit my account. This authority will remain in effect until I notify you in writing to cancel it at such a time as to afford a reasonable opportunity to act on it.

Name of Financial Institution: _____

Address of Financial Institution: _____

City: _____ State: _____ Zip: _____

____ Checking (Attach a voided check) ____ Savings (Attach a deposit slip)

Transit Number: _____ Account Number: _____

Signature: _____

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