



Amherst COMMUNICATIONS

AUTOMATIC PAYMENT AUTHORIZATION FORM

Your Name (please print): _____

Account Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Checking/Savings Account Information
 You can also submit a voided check, if you'd prefer.

Checking Savings

Financial Institution: _____
 Routing Number: _____
 Account Number: _____

BANK

PAY TO THE ORDER _____ \$
 _____ DOLLARS

MEMO _____

«1234567890»

1234567

1234
Nº _____

Routing #
Account#

By providing my bank account information and authorizing ACH payments, I authorize Amherst Communications to initiate electronic debit entries to the checking or savings account indicated above.

This authority will remain in effect until Amherst Communications has received written notification from me, of its termination in such time and in such manner as to afford both Amherst Communications and my financial institution a reasonable opportunity to act on it prior to charging my account.

Customer Signature: _____ Date: _____

REMIT FORM IN PERSON OR BY MAIL TO ONE OF OUR OFFICE LOCATIONS.

Amherst Office: 120 Mill St., PO Box 279, Amherst, WI 54406
Plainfield Office: 100 West North St., PO Box 96, Plainfield, WI 54966

Call: 715-824-5529
Call: 715-335-6301