

Authorization for Bank Automatic Payment:

I authorize **Consolidated Telcom** and the bank named below to initiate entries to my checking / savings account. This authority will remain in effect until I notify you in writing to cancel it in such a time as to afford the bank a reasonable opportunity to act on it. I can stop payment of any entry by notifying my bank three days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my bank statement or 60 days after posting, whichever occurs first.

Name of Financial Institution

Address (*street, city, state, zip*) of Financial Institution

Signature

Date

Please Print Your Name

Telephone Number

Please Print Your Address

Checking Account No.

OR Savings Account No.

Please attach a voided check blank.

Simply include this form and voided check blank in your Consolidated payment envelope.

1-888-CALLCTC • 701-483-4000
P.O. Box 1408 • Dickinson, ND 58602-1408

Authorization for Automatic Charge to Credit Card:

I authorize **Consolidated Telcom** to bill my credit card monthly. This authority will remain in effect until I notify you in writing to cancel it in such a time as to afford the credit card company to act on this request. I can have the amount of an erroneous charge credited to my credit card by notifying Consolidated of an error.

Type of Credit Card - *Visa, MasterCard, Discover, and American Express ONLY*

Credit Card Number

Credit Card Expiration Date

CID# (*last 3 digits on back of card on magnetic strip*)

Customer Name - print your name

Telephone Number

Your Consolidated Account Number (*available in upper right hand corner of statement.*)

Please Print Your Address

Signature

Date

Choose Payment Date option:

12th of month 24th of month

Simply include this form in your Consolidated payment envelope.

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