



Automatic Payment Plan

An easy payment program that gives you peace of mind.

115 South Main Street
PO Box 197
Waldron, MI 49288
Phone: (517) 286-6211 or 888-792-7958
Fax: 517-286-6219

Authorization Form

Customer Information

Your Name _____ Account # _____
(as it appears on your bill)

Address _____ Soc. Security # _____

City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Work Place (____) _____ - _____

Financial Institution / Credit Card Information

Financial Institution Name _____

Branch _____ Bank Telephone (____) _____ - _____

Bank Routing Number _____ Account # _____

Account is a: *Checking Savings

*Please provide a voided check

Authorization

I hereby authorize Waldron Telephone Co. / Waldron Communication Co. to deduct my payment (s) from the account listed above. I understand that I control my payment, and I will notify Waldron Telephone Co. / Waldron Communication Co. if at any time I decide that I would like to discontinue this payment service.

Date _____ Signature _____

Please return your completed form to Waldron Telephone / Waldron Communication office.
 We can initiate this on next month's bill.
 You will still receive your bill and payment will be taken on the 15th of the month.
 Unless the 15th falls on a weekend or holiday then it will be the day before or day after.