

To sign up for Automatic Bill Payment print and fill out form below and return to

Marquette-Adams Telephone Co-op
113 N Oxford St
PO Box 45
Oxford, WI 53952

Name: _____

Address: _____

City / State / Zip: _____

Please deduct my Automated Bill Payment from my account on the 20th of each month.

Name of Bank / Savings & Loan or Credit Union: _____

Bank Routing # : _____

Account # : _____

I authorize Marquette-Adams Telephone Co-op to deduct my payment from the account listed above. If I should decide to discontinue this plan, I will notify Marquette-Adams Telephone in writing.

Please deduct payment on the 20th day of each month beginning with the month of: _____

Signature: _____ Date: _____