



WCTA Automatic Payment Application

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WCTA's Automatic Payment Plan simplifies your account by automatically debiting your bank account or charging your credit card on a monthly basis. Complete the form below to start the automatic payment process.

1. Please provide your billing information.

Billing Information: (Please print or type)

Account Name: _____ Primary Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Bill to Telephone Number: (____) _____ - _____ **OR** WCTA Account Number: _____

Daytime Telephone Number: (____) _____ - _____

2. Complete either the Bank Deduct section or Credit/Debit Card Authorization section below.

Bank Deduct: Your monthly billed amount will automatically be deducted from the checking or savings account of your choice. Please select an account type below.

___ Checking (Please include a voided check)

___ Savings (Please include a deposit slip)

Bank Name: _____

City: _____ State: _____ Zip: _____

(**OR**)

Credit/Debit Card Authorization: Your monthly billed amount will automatically be charged to the credit or debit card of your choice.

Type of Card: ___ MasterCard ___ Visa ___ Discover

Name on Card: _____

Card Number: _____ Expiration Date: _____

Note: WCTA must be updated if any information (including the expiration date) changes on your card. Failure to do so may result in declined charges.

3. Sign below.

Authorization: I hereby authorize Winnebago Cooperative Telecom (WCTA) to debit my bank account and/or charge my credit/debit card as indicated above. Transactions will process on a monthly basis (approximately the 18th). This authorization will remain in full force until WCTA receives written notification from me of its termination in such time and such manner as to afford reasonable time to act on it.

Signature: _____ Date: _____