



WCTA Automatic Payment Application

704 East Main - Lake Mills, IA 50450

Phone: 1-800-592-6105

Fax: (641)-592-6110

Web: <http://www.wctatel.net>

E-Mail: wcta@wctatel.net

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. One-time payment option not available. Please select an account type below.

____ Checking (Please include a voided check) ____ Savings (Please include a deposit slip)

Business

Personal

Business

Personal

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: __/__/____ CVV Number (last 3-4 digits on back of card): _____

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

3. Sign below.

Authorization: I hereby authorize Winnebago Cooperative Telecom Association (WCTA) to debit my bank account and/or charge my credit/debit card as indicated above for the amount calculated for each monthly billing cycle. 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.

Revocation Information: To revoke and terminate the above authorization please notify WCTA by calling 1-800-592-6105. I understand WCTA requires 10 days notice in order to complete the termination of the authorization.

Signature: _____ Date: _____