

Table Top
***Auto-Pay* AUTHORIZATION FORM**

Auto-Pay is a convenient way to pay your telephone bill. Your bill payment is automatically withdrawn from your checking or savings account on the 10th of the month or the next business day. Your payments are on time and for the correct amount. There are no monthly checks to write, no postage stamps to buy, and no late fee to worry about. Best of all, this service is free.

To start *Auto-Pay*, just complete and sign this authorization form. Mail the completed form to the address below, or bring it to our office, along with a voided blank check or savings deposit slip. We will handle the details with your financial institution.

Please Read Instructions Carefully

I authorize Table Top Telephone Co., Inc. to initiate electronic funds transfer from my checking or savings account as noted on this form. I also authorize the financial institution named below to charge my checking or savings account each month with the amount of that charge.

I want this charge to continue automatically until I notify Table Top Telephone Co., Inc. in writing to discontinue my *Auto-Pay*. I will provide my *Auto-Pay* termination request no less than 30 days before my requested termination date.

I agree that if there are insufficient funds at the time my account is charged, I will be assessed an insufficient funds fee of \$25.00, and will be required to pay the amount in full, with cash, certified check, or money order.

Any incomplete or missing information will delay the processing of your *Auto-Pay* request. If you have any questions, please call your Customer Service Representative at 520-387-7676 locally or toll free at 800-560-8101.

Telephone #: _____ Account #: _____

Customer's Signature: _____ Date: _____

Co-Customer's Signature: _____ Date: _____
(If Required)

CHECK ONE & ATTACH APPROPRIATE DOCUMENT

CHECKING ACCOUNT **CREDIT CARD**
(Attach Voided Check) (To use credit card call Customer Svc.)

Financial Institution: _____

Institution's Address: _____

City: _____ State: _____ Zip: _____

Account #: _____
(The last series of numbers located on the bottom of your check or deposit slip.)

Routing #: _____
(The first series of numbers located on the bottom of your check or deposit slip.)

Authorized

Name(s) of Account: _____
(Please Print)

Mail form with voided check to: Table Top, 600 N. Second Ave., Ajo, AZ 85321