GRANBY TELEPHONE COMPANY

126 S. BEAVER AVE
P.O. BOX 200
GRANBY, MO. 64844
417-472-6211

AUTOMATIC PAYMENT AUTHORIZATION FORM

Name _____

Address _____

Telephone Number _____

Please choose 1 form of payment:

☐ Debit/Credit Card Name on Card_____ Card Type_____
Card # _____
Exp. Date _____
Secure Code_____

☐ Checking Account Bank Draft Bank Routing # _____
Account # _____
Bank Name _____
(PLEASE ATTACH VOIDED CHECK)

☐ Savings Account Bank Draft Bank Routing #_____
Account #_____
Bank Name _____

By signing this form I authorize GRANBY TELEPHONE COMPANY to automatically charge my account monthly for my billed service. I understand that late and reconnect fees will apply for all non-cleared charges.

_____ _____
Signature Date

In order to terminate this agreement we must receive notification 30 days prior to the next billing cycle.

_____ _____
Signature for Termination Date