



# Direct Bill Payment

Tri-County Communications coordinates with your bank and automatically withdraws the money for your bill through your credit or check card or bank account each month. And it's FREE!

- It's easy to sign up and easy to cancel -- just let us know in writing
- You still get a normal TCC bill and it will say "pay by bank" to show it being paid automatically
- Forms submitted to TCC by the close of business on the 11th of the month will take effect and generate a payment for that month's bill; forms submitted after the 11th will take effect at the following month's bill.
- Any changes to your bank account or credit/check card information need to be submitted to TCC by the close of business on the 11th of each month

## 1. How do you want the funds withdrawn?

### Credit/Check Card Account

We accept:  Visa  MasterCard

Name of Credit/Check Card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Validation Code: \_\_\_\_\_

(This is the 3 to 4 digit code on the back of the card in the signature line)

### Checking/Savings Account

Type of Account:  Checking  Savings

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

(between the | and | on the bottom of the check)

Account Number: \_\_\_\_\_

*Please enclose/attach a voided check or deposit/ withdrawal slip to this form so we can record the proper financial information.*

## 2. Please provide account/service information

Account Holder's Name \_\_\_\_\_

TCC Account # (from your TCC billing statement) \_\_\_\_\_

Account Holder's Phone Number \_\_\_\_\_

*Money will be withdrawn between the 13th and 15th of the month*

Paperless Billing  Yes  No

Email Address: \_\_\_\_\_

*By checking Yes you are authorizing TCC to discontinue sending a paper copy of your bill in the mail.*

I authorize Tri-County Communications Cooperative to instruct my financial institution to make payments to them from the account indicated above. I understand that I may discontinue this free payment service at any time by notifying Tri-County Communications Cooperative in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Just return the completed form to our office to get started! Mailing Address: PO Box 578, Strum, WI 54770