Convenient Options for Paying Your Bill

Automatic withdrawal: Complete the Automated Payment Authorization form below for automatic withdrawal on the 20th of each month from your checking, savings, debit card or credit card.

Online payment: The LaValle Telephone website home page (www.ltc.coop) offers the option to "Click Here to Pay Your Bill Online with E-bill." From there, just register your information. You can view and pay your bill online. If you elect the option to go "paperless," meaning we no longer mail you a paper bill, you will receive an email notification when the bill is available to be viewed.

Online payment service: Many banks offer bill payment services through their banking websites. You decide who, when, and how much you pay. Check with your bank for details.

Payment by telephone: Call our office (985-7201) for credit or debit card payments.

Payment drop-off: The LaValle Telephone business office in LaValle. We also have a Night Depository for after-hours convenience.

Automated Payment Authorization

I hereby authorize automatic withdrawal from my financial institution, as indicated below, for charges incurred as a result of my relationship with LaValle Telephone Cooperative.

I understand that the transfer will occur on or about the 20th of each month or the next business day if the 20th falls on a weekend or holiday.

I may revoke this automated payment authorization at any time with 10 days notice to LaValle Telephone Cooperative at the address above.

_____   _____
Printed Name of Account Holder   Signature   Date

_____   _____
Mailing Address   City, State, Zip Code

_____   _____
Billing Agreement Number   Contact Telephone Number

Select **ONE** option: ☐ **Checking account**. Attach a copy of your *voided, unsigned* check.

☐ **Savings account.** Include a letter from your financial institution verifying your savings
    account number and the routing number of the financial institution.

☐ **Credit or debit card**. Complete all information requested below.
    ☐ Recurring monthly payment
    ☐ One-time payment for _____

Name of cardholder: _____ Credit card #: _____

Card type: ☐ Visa ☐ MC   Exp Date:_____   Validation # _____ *(last 3 digits on back near signature)*