



S1421 State Hwy 33, PO Box 28
 LaValle, WI 53941
 608-985-7201 608-985-8080 (fax)
 www.ltc.coop

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 “My Account.” 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.

_____ Signature _____ Date _____
 Printed Name of Account Holder

_____ City, State, Zip Code _____
 Mailing Address

_____ Contact Telephone Number _____
 Billing Agreement 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: _____