DIRECT BILL PAYMENT AUTHORIZATION FORM

930 MAPLE STREET - BALDWIN, WI 54002 - 1.877.684.3346 - www.baldwin-telecom.net

NAME(PLEASE PRINT) _____

TELEPHONE/CABLE/
INTERNET BILLING NUMBER(S) _____

ADDRESS_____
CITY_____STATE_____ZIP_____
PHONE HOME (____)_____-_____ WORK (____)_____-_____ CELL (____)_____-_____
Email_____

CREDIT / CHECK CARD ACCOUNT INFORMATION

PLEASE WITHDRAW MY MONTHLY BILL FROM THE FOLLOWING CREDIT/CHECK CARD ACCOUNT:

☐ VISA ☐ MASTERCARD

NAME AS IT APPEARS ON THE CARD: _____

CARD NUMBER:

EXPIRATION DATE:

CARD VALIDATION CODE:

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

CHECKING/SAVINGS ACCOUNT INFORMATION:

PLEASE WITHDRAW MY MONTHLY BILL FROM THE FOLLOWING CREDIT/CHECK CARD ACCOUNT:

☐ CHECKING* ☐ SAVINGS

FINANCIAL INSTITUTION:_____

ROUTING NUMBER:

ACCOUNT NUMBER:

*PLEASE ENCLOSE OR ATTACH A VOIDED CHECK WHEN RETURNING THIS FORM

I AUTHORIZE BALDWIN TELECOM, INC. TO INSTRUCT MY FINANCIAL INSTITUTION TO MAKE PAYMENTS FROM THE ACCOUNT INDICATED ABOVE. I UNDERSTAND THAT I MAY DISCONTINUE THIS FREE PAYMENT SERVICE AT ANY TIME BY NOTIFYING BALDWIN TELECOM, INC. IN WRITING.

SIGNATURE:_____ DATE:_____/_____/_____

PLEASE NOTE: YOUR PAYMENT WILL BE WITHDRAWN FROM YOUR ACCOUNT BETWEEN THE 10TH AND 13TH OF EACH MONTH.

RETURN THIS FORM TO:

BALDWIN TELECOM, INC.
PO BOX 420
BALDWIN, WI 54002

OR

FAX: 715.684.4747