



AUTOMATIC BILL PAYMENT ENROLLMENT FORM

(please print)

Name (as shown on your bill) _____

Service Address _____

City/State/ZIP _____

Mailing Address (if different) _____

Daytime Phone () _____

I WANT THE FOLLOWING COMPANY INCLUDED ON MY AUTOMATIC BILL PAYMENT PLAN.

TEC FIBER/AIR ADVANTAGE Account Number(s) _____

PLEASE DEDUCT MY BILL PAYMENT FROM MY BELOW PAYMENT OPTION:

BANKING INFORMATION

Name of Bank/Credit Union/Savings & Loan _____
(Please ask your Financial Institution for your electronic funds transfer account number.)

Checking Routing Number _____ Account Number _____

Savings Routing Number _____ Account Number _____

BE SURE TO ENCLOSE A VOIDED CHECK OR SAVINGS DEPOSIT SLIP WITH THIS FORM

OR

CREDIT CARD INFORMATION

MasterCard VISA American Express Discover

Credit Card Number _____ Expiration Date _____

I authorize TEC FIBER/AIR ADVANTAGE to deduct my internet payment from my above selected payment option. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify TEC FIBER/AIR ADVANTAGE.

Signature _____ Date _____

MAIL FORM TO: Thumb Electric Cooperative, 2231 Main Street, Ubyly, MI 48475