

your F&B Communications bill ...

- 1 Pay ONLINE at www.fbc-tele.com
 - · Save postage and time.
 - · Safe and secure Web site.
- 2. AutoPay BANK DEDUCT
 - Perfect for today's busy lifestyle.
 - · Never worry about missing a payment.
- 3. AutoPay CREDIT CARD
 - Paid by your credit card automatically.



Bank Deduct and Credit Card Forms



103 Main Street North | P.O. Box 309 Wheatland, IA 52777-0309 563-374-1236 | www.fbc-tele.com

AutoPay BANK DEDUCT

Complete this side only to sign up for automatic bank deductions (ACH). Name Telephone Number(s) I (we) hereby authorize F&B Communications, hereinafter called COMPANY, to initiate debit entries to my (our) ☐ Checking Account or ☐ Savings Account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account, I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law. I (we) understand funds will be deducted on my (our) statement due **Depository Name Branch** Citv State Zip Transit/ABA Number **Account Number** This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Signature Date

PLEASE ATTACH A VOIDED CHECK TO THIS FORM!

NOTE: If you sign up before the 15th of the month and have a balance due, your payment will be deducted from your bank account. If it is after the 15th of the month and you have a balance due, please remit payment.

Please return completed form to F&B Communications for processing. Thank you!

AutoPay CREDIT CARD

Complete this side only to sign up for recurring Credit Card payments.

Name		
Telephone Number(s)		
debit entries to my (our) cred CREDIT CARD, and to debit origination of Credit Card tra	Communications, hereinafter called C lit card type and information listed below the same to such account. I (we) ackrosactions to my (our) account must coaw. I (we) understand funds will be decoaw. I (we)	ow, hereinafter called nowledge that the mply with the
Card Type (CHECK ONE): Master Card	Visa Discover	
Cardholder Name		
Cardholder Address		
	A	
Cardholder Address City	State Zip	
City		
City	State Zip	
City E-mail Address (for sendi		
City E-mail Address (for sendi		
City E-mail Address (for sendi Credit Card Number		ers)
Credit Card Number Expiration Date This authority is to remain written notification from m	ng credit card expiration date reminde	rse of card) ANY has received in such time and it
City E-mail Address (for sendi Credit Card Number Expiration Date This authority is to remain written notification from m such manner as to afford	ng credit card expiration date reminde 3-digit PIN (on reve in full force and effect until COMPA e (or either of us) of its termination	rse of card) ANY has received in such time and ir

Please notify F&B of any changes to your credt card (such as a new card number, expiration date or PIN).