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**ACH
 Bill Pay
 Authorization Form**

ACH Bill Pay Authorization Form

I hereby authorize Genuine Telecom to initiate debit entries to my (our) checking or savings listed below for the amount due.

CHECKING/SAVINGS

_____ Checking _____ Savings

Financial Institution _____

Routing # _____ Account # _____

(Nine digit number that appears at the bottom of you check)

Customer Name _____

Customer Address _____

Customer Account # _____

Please attach a voided check to this form so we can record the proper financial information.

Please note that your payment will be withdrawn from your account on the 1st of each month. If the 1st falls on a holiday or a weekend, the withdrawal will occur on the first business day following the 1st.

 Signature

 Date