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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Please note that your payment will be withdrawn from your account on the 20<sup>th</sup> of each month. If the 20<sup>th</sup> falls on a holiday or a weekend, the withdrawal will occur on the first business day following the 20<sup>th</sup>.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date