

Glandorf FI-OPTICS

Your Communications Link to the World

Fiber Optics, Broadband Internet, TV
and Full Service Telecommunication Services

419-538-6987

PERMISSION FOR DIRECT PAY

I give permission to Glandorf Telephone Co., Inc. to withdraw money from my savings/checking account on a monthly basis to pay all charges due them from the current month. I understand I will continue receiving a monthly bill. However, I will not receive a written receipt. I also understand this transaction will take place on or near the 10th of each month.

Bank Institution Name _____

Bank Routing Number _____

Account Number _____

Savings _____ Checking _____

Please provide a voided deposit slip with this request

Customer Name _____

Glandorf FI-Optics Account Number _____

Date _____

Signature _____

Glandorf FI-OPTICS

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