Kalida
121 E. Main Street, Box 267
Kalida, OH 45853
419-532-3218
419-532-3300 – Fax
ktc@kalidatel.com

Glandorf
153 S. Main Street, Box 31
Glandorf, OH 45848
Ottawa
445 E. Main Street
Ottawa, OH 45875
419-538-6987
gtc@bright.net

www.kalidaglandorffiber.com

PERMISSION FOR DIRECT PAY

I give permission to Kalida Glandorf Fiber 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 _____

Bank Account Number _____

Savings _____ **Checking** _____

******Please provide a copy of a bank card or voided check or deposit slip with bank account information with this request******

Customer Name _____

Kalida Glandorf Fiber Account Number _____

Date _____

Signature _____