

Kalida
121 E. Main Street, Box 267
Kalida, OH 45853
419-532-3218
419-532-3300 - Fax
kct@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

Debit Authorization

Automatic Bill Payment Form

Name: _____

Phone/Billing # _____

Acct. # _____

Name of Bank/Savings/Credit Union: _____

Type of Account: _____ Checking _____ Savings

Bank Routing Number: _____

Account Number: _____

I authorize Kalida Glandorf Fiber to deduct my telephone/cable/internet payment from the account listed above. **I understand there will be a \$35.00 fee from KGF for accounts returned for insufficient funds, closed account, etc.** If I decide to discontinue this payment plan, I will notify the office immediately.

Signature: _____

Date: _____

Please include a voided check or savings deposit slip with this form.

Payment will come out of your account on the 10th of every month.

| | |
|------------------------|----------------------|
| <i>Office Use Only</i> | |
| _____ | Start Month |
| _____ | NISC _____ Initial |
| _____ | Review _____ Initial |
| _____ | Change |