



The Most Convenient and Economical Way to Pay is with WesTel Systems Automatic Payment Options

Choose between Bank Account Deduction or Recurring Credit or Debit Card. You will still receive a monthly invoice to review before the billed amount is pulled from your account.

Name: _____

WesTel Account Number: _____

Bank Deduct

All Bank Account deductions are withdrawn on the 10th or 24th of the month, the due date of your bill. These are the only days these types of payments can be done.

Please include a voided check for verification purposes!

Financial Institution _____

Routing Number _____ Account Number _____

Name on Account _____

Choose a Date

Personal Checking

Personal Savings

10th

24th

Business Checking

Business Savings

Recurring Credit/Debit Card

All Recurring Credit/Debit Card payments may be run from the 5th to the 28th of the month. You may choose the date that works best for your family. Please notify us if/when you get a new card.

Card Number _____ Expiration Date _____

3 Digit Security Code (on back of card) _____ Recurring Day (5-28) _____

I authorize WesTel Systems to charge my checking account or credit card the amount of my monthly bill and to make that deduction payable to the order of WesTel Systems. The amount of my monthly bill will be taken out of my checking account or credit card on the date selected above each month or the closest business day, if that date should fall on a weekend. We may run a pre-authorization transaction to validate your bank account in accordance with banking regulations as part of a commercially reasonable fraudulent transaction detection system. In making this authorization, I agree to all the terms of this document.

I agree that each payment shall be the same as if it were an instrument personally signed by me in writing. In addition, I have the right to stop payment by timely notifying WesTel Systems at least 3 days prior to charging my account. I understand that both my bank or credit card company and WesTel Systems reserve the right to terminate this payment plan or my participation in this plan.

Signature _____ Date _____

Return Completed Form by Mail to: PO Box 330, Remsen IA 51050

or email to acctinfo@westelsystems.com