## **Electronic Banking (ACH)**

## **Customer Information**

Signature \_\_\_

Name FMCTC Account Number	
Cell	Email Address
When you enroll, we will automatically deduct the 'TOTA	o write another check to pay for your monthly communications bill. AL AMOUNT DUE' (found on your bill) from your checking account on ur monthly bill for review, but it will reflect 'Direct Payment Program'
□ I wish to use Electronic Banking (10th)	
	lephone Company (FMCTC), hereinafter called COMPANY, to initiate slow, at the depository name below, hereinafter called DEPOSITORY, ant on the tenth (10th) of each month.
me of its termination and/or bank account is discontin DEPOSITORY a reasonable opportunity to act on it. The of the month with termination to affect the next mon	COMPANY and DEPOSITORY have received written notification from nued, in such time and in such manner as to afford COMPANY and notification to the COMPANY should reach them prior to the 20th th's billing. I understand that adequate account balances must be t, a fee will be charged to my telephone account and the resulting
Name on Account	Bank Name
Transit/ABA Number (banking)	City, State, Zip
Account	



**Your Total Communications Provider** 

712-744-3131

800-469-3511

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