

# AUTOPAY ENROLLMENT FORM

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Payment will process on the 17th of each month for amount due.  
Any requests made after the 10th of the month may not be processed until the following month.

Automatic Payment from Bank Account

Account Type:  Checking  Savings

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

The diagram shows a check with the following fields and labels:

- Your Name (top left)
- Your Address (top left)
- 1001 (top right)
- DATE (top right)
- PAY TO THE ORDER OF (middle left)
- \$ (middle right)
- DOLLARS (middle right)
- Your Bank Name (bottom left)
- MEMO (bottom left)
- 123456789 (bottom left, labeled "9 Digit Routing Number")
- 0000987654321 (bottom middle, labeled "Your Account Number")
- 1001 (bottom right, labeled "Check Number")

Credit Card Payment

Visa  Mastercard  Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3-digit Verification/Security Code: \_\_\_\_\_ Name of Cardholder: \_\_\_\_\_

I (we) authorize ETC to charge my credit card or initiate debit entries to my (our) bank account indicated above and the depository to debit same to such account. For monthly recurring payments, this authority is to remain in full force and effect until ETC receives written notification from me (or either of us) or its termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When completed bring this form in to any ETC office or send via email or fax to:  
**autopay@etc1.net • 812-623-4159**

If submitting autopay enrollment via mail, for security reasons, you will receive a letter of confirmation.

**PO Box 145  
Sunman, IN 47041**

