

# AUTOPAY ENROLLMENT FORM

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

1st of each month

10th of each month

*\*\*Auto Pay Enrollment Forms received 3 business days prior to the selected day 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: 'Your Name' and 'Your Address' at the top right; 'DATE' in the middle right; 'PAY TO THE ORDER OF' in the middle left; a dollar sign and a box for the amount; 'DOLLARS' below the amount; 'Your Bank Name' below the amount; 'MEMO' below the bank name; and a MICR line at the bottom: '⑆123456789⑆0000987654321⑆ 1001'. Below the MICR line, labels indicate: '9 Digit Routing Number' under '123456789', 'Your Account Number' under '0000987654321', and 'Check Number' under '1001'.

**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**

