



## 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All Bank Account deductions are withdrawn on the 24<sup>th</sup> of the month, the due date of your bill.  
This is the only day these types of payments can be done.

**Please include a voided check for verification purposes!**

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Checking

Savings

**Recurring Credit/Debit Card**

All Recurring Credit/Debit Card payments may be run from the 5<sup>th</sup> to the 28<sup>th</sup> 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 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](mailto:acctinfo@westelsystems.com)