

Credit Card Payment Plan

Paying bills should be as easy and painless as possible. With our credit card direct payment plan, you can have your telephone, Internet and/or cable TV payment made automatically from your credit card! WRCTC accepts VISA or MASTERCARD. Some benefits of the credit card direct payment plan are:

- Saves time, fewer checks to write
- Convenient and timely payments, even when you are away from home
- Payments are always on time and never forgotten or lost
- Saves you postage
- No more delinquent notices or late fees
- Earn rewards on your favorite credit card
- Easy to sign up – cancel anytime

Here's how it works. You authorize WRCTC to make monthly payments from your credit card. Your payments will be made automatically on or around the 10th day of each month. Proof of your payment will appear on your following month's billing statement. Your signature will authorize WRCTC to charge your credit card monthly. To cancel, just notify WRCTC in writing by the 1st of the month.

Once you are signed up for the credit card direct payment plan, you will continue to receive your WRCTC bill statement around the 1st of each month. You do not need to return any portion of the statement to WRCTC, it is solely for your records. Please review all charges and credits and contact WRCTC immediately if there is a discrepancy.

(Detach and return lower portion to WRCTC)

Authorization for CREDIT CARD Direct Payment

I authorize West River Cooperative Telephone Company (WRCTC) and the financial institution named below to initiate variable entries to my credit card account. This authority will remain in effect until I notify WRCTC in writing to cancel it. I authorize scheduled payments to be made from my checking or savings account on or around the 10th of each month.

PLEASE PRINT CLEARLY

Name on WRCTC Account: _____

Telephone Number(s): _____

WRCTC Account Number(s): _____ E-mail: _____

The following information must match your credit card billing information:

Name on Credit Card: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Type of Credit Card: _____ VISA _____ MASTERCARD

Credit Card Number: _____ Credit Card CW/CVC*: _____
(*3 or 4 digit number on back of card)

Expiration Date: ____/____/____ Signature of card holder: _____

Return to: WRCTC • PO Box 39 • Bison, SD 57620



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