



**Automated Bill Payment
Enrollment
for your Lakefield Communications
Service (s)**

Telephone Service _____

Internet Service _____

Long Distance Service _____

Name _____

Address _____

City/State/Zip _____

Phone/Account No. _____

Please deduct my Automated Bill Payment from my bank account.

Name of Bank/Credit Union _____

Type of Account: ___ Checking (include a voided check) ___ Savings

Routing # _____ Account # _____

Which day of the month would you like us to make the withdrawal?

___ 5th of month ___ 15th of month Start Date _____

***** NOTE: If making an internet plan change, please circle desired internet plan:**

Annual 6-month Standard Limited Educator

I authorize Lakefield Telephone Company to deduct my payment from the account listed above. I understand that if I decide to discontinue this payment plan I will notify Lakefield Telephone Company in writing at the following address:

Lakefield Telephone Company
PO BOX 102
Newton, WI 53063-0102

Signature _____ Date _____