

SENECA/GOODMAN/OZARK TELEPHONE COMPANIES  
816 Oneida St. Seneca, MO 64865  
AUTO-WITHDRAWAL AUTHORIZATION

**By signing this form I authorize Seneca/Goodman/Ozark Telephone Company to automatically charge my account monthly for my billed service. I understand that late and reconnect fees will apply for all non-cleared charges.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please choose 1 form of payment:

Debit/Credit Card

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

3 Digit Secure Code \_\_\_\_\_

Checking Account Bank Draft

Savings Account Bank Draft

Bank Routing # \_\_\_\_\_

Account # \_\_\_\_\_

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

Please enclose a voided check. The deduction will be made on the 1<sup>st</sup> day of each month. Debit or Credit Card deductions will be made on the 5<sup>th</sup> of the month.

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

Please provide your email address if you would like your statement in e-bill format

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**\*\*\*Just a friendly reminder, if your ACH payment is declined two times within a year your account will be removed from auto pay. You will then need to contact our office for more information.**