

Don't spend extra time writing checks each month, sign up for

DIRECT BILL PAYMENT!

Just complete the Authorization for Direct Bill Payment form printed below and include a voided check or withdrawal slip. AcenTek will inform your financial institution of the amount due each month and it will be automatically deducted from your account on the payment due date. You will still receive your bill from us each month. If you wish, you can cancel direct bill payment at any time by notifying AcenTek.

AUTHORIZATION FOR DIRECT BILL PAYMENT

Please complete and return this form along with a voided check or withdrawal slip. Please print clearly.

I authorize AcenTek to instruct my financial institution to make my payments to them from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify AcenTek.

CUSTOMER INFORMATION

Customer Name (as shown on bill): _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

Type of Account: _____ Checking (Please enclose a voided check—deposit slips will not be accepted)

_____ Savings (please enclose a withdrawal slip)

Bank account Number: _____

Financial Institution Routing/ Transit Number: _____

YOUR ACENTEK ACCOUNT INFORMATION

Your account number(s): _____

Customer's Signature: _____ Date: _____

Please mail this completed form, along with your voided check or withdrawal slip, to:

AcenTek, Customer Service Department: MN/IA: PO Box 360, Houston, MN 55943

Mesick, MI: PO Box 69, Mesick, MI 49668

Allendale, MI: PO Box 509, Allendale, MI 49401