



21980 St Rt 637 • Defiance, Ohio 43512 • Phone (419) 393-2233 • Fax (419) 393-2255 • E-mail [arthurbilling@amtOhio.net](mailto:arthurbilling@amtOhio.net)

## ACH Payment Authorization Form

I hereby authorize **Arthur Mutual Telephone/artelcom** (*The Company*) to initiate an ACH payment entry for the full amount due on my telephone bill as of the 15<sup>th</sup> of each month (or the next business day if the 15<sup>th</sup> falls on a weekend or holiday) from my checking/savings account at the (*Financial Institution*) indicated below. This authority will remain in effect until The Company is notified by me in writing to cancel it in such time as to afford The Company and Financial Institution a reasonable opportunity to act on it.

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Name of Financial Institution

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Financial Institution's Routing Transit Number

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Financial Institution Street Address

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Checking Account #

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City, State, Zip Code

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Savings Account #

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Authorized Customer Name *please print*

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Date

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Authorized Customer Signature

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Billing Account Telephone #

Please include a copy of a voided check or deposit slip with application



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## Smart Hub Registration

Name on Account \_\_\_\_\_

Phone Number \_\_\_\_\_ Account Number \_\_\_\_\_

E-mail address to be used for the E-Statements \_\_\_\_\_

Check if you would like a paper copy

I authorize The Arthur Mutual Telephone Company/artelcom to set up E-bill on my account

Signature of Account Holder or Authorized User

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You will find your monthly invoice at <https://artelco.smarthub.coop>

If you have any questions or concerns, please contact us at (419) 393-2233

Billing questions can be e-mailed to [arthurbilling@amtOhio.net](mailto:arthurbilling@amtOhio.net)

***CPNI Privacy Policy Forms must be filled out at our office prior to enrollment***



