



Smart Hub Registration

Name on Account _____

Home phone _____ Cell phone _____

artelcom Account number _____

E-mail address to be used for E-statements _____

E-bill Password _____ Re-write Password _____

***Password must be 8-15 characters long and include 1 Capital letter, 2 numbers and 1 special character**

Check if you would like a paper copy

I authorize artelcom to set up E-bill on my account

Signature of Account Holder or Authorized User

_____ Date _____

_____ Date _____

_____ 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@artelco.net

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



21980 St Rt 637 • Defiance, Ohio 43512 • Phone (419) 393-2233 • Fax (419) 393-2255 • E-mail artelco@bright.net

ACH Payment Authorization Form

I hereby authorize **artelcom** (The Company) to initiate an ACH payment entry for the full amount due on my telephone bill as of the 15th of each month (or the next business day if the 15th 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.

Name of Financial Institution

Financial Institution's Routing Transit Number

Financial Institution Street Address

Checking Account #

City, State, Zip Code

Savings Account #

Authorized Customer Signature

Date

Authorized Customer Name ***please print***

Billing Account Telephone #

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