



AUTOMATIC PAYMENT PLAN
TC WIRELESS
PO BOX 239
COUNCIL GROVE, KS 66846-0239
1-877-692-3875

AUTOMATIC PAYMENT PLAN

Account #: _____

Name: (As shown on your TC Wireless bill): _____

Address: _____

City/State/Zip: _____

CHECKING ACCOUNT:

Financial Institution Name and Address: _____

Name as it appears on your bank statement: _____

Routing #: _____ Account # _____

(Please attach a voided check or deposit slip)

CREDIT CARD:

Name as it appears on the card: _____

Card Type: Visa / MasterCard (Circle one)

Expiration Date: _____ / _____ Security Code: _____ (3 digits on back of card)

Credit Card # _____

I hereby authorize Advantage Plus, the brand name of TC Wireless, Inc. of Council Grove, Kansas to deduct my monthly communications bill from the account identified above. I understand that my automatic payment will be deducted on the 10th of each month. I have the right to stop payment of a charge by notifying Advantage Plus, the brand name of TC Wireless, Inc by the 5th of the month. I understand, however, that both the financial institution and Advantage Plus, the brand name of TC Wireless, Inc. reserve the right to terminate this payment or my participation therein. This payment plan is offered at no charge.

Signature: _____ Date _____