

**Autopay Request Form**

Name on Account: Service Address: Account #:

Phone #:

Email:

# ACH Bank Debit Authorization

I hereby authorize ALLO Communications to automatically process my monthly service billing by way of debit entry to the specified bank account below, until notification to the contrary is given. I understand that the automatic debit will be processed on the 1st or 15th of each month for the full amount due at the time of processing.

Bank Account Type: (Please check one) *Checking Savings*

Bank Name:

Bank Phone #

Routing Number: Account Number: Name on Account:

Authorized Signature:

Date

# Please include a voided check from your checking account.

Please submit form:

1. Mail with your next bill payment
2. Scan and e-mail to: [info@allophone.net](mailto:info@allophone.net)
3. Return to your local ALLO store:

1450 10th St 1710 E 20th St 100 N Spruce St 702 E Francis

Gering, NE Scottsbluff, NE Ogallala, NE North Platte, NE

**Customer Service Contact Numbers**

|  |  |  |
| --- | --- | --- |
|  | Business | Residential |
| SB/Gering: | 308-633-5000 | 308-633-5050 |
| North Platte: | 308-532-7300 | 308-532-1400 |
| Ogallala: | 308-284-7500 | 308-284-7550 |
| Bridgeport: | 308-262-7500 | 308-262-7550 |

Toll Free — 866-481-2556