



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
3. Return to your local ALLO store:

1450 10th St
Gering, NE

1710 E 20th St
Scottsbluff, NE

100 N Spruce St
Ogallala, NE

702 E Francis
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