

NKTELCO, Inc.
301 W South St, PO Box 219
New Knoxville, Ohio 45871
419-753-5000 * 419-629-1424 * 937-658-6000
www.nktelco.net



Please complete the sections below **ONLY** if you are interested – if not we will mail you your monthly statement via US Mail around the 13th of each month.

Credit Card Authorization (Visa, MasterCard, Discover)

(Please complete the information below if you would like your monthly invoice charged to your credit card on the 25th of each month.)

Name (as it appears on Credit Card)

Credit Card Number

Expiration Date

Signature

Date

.....
ACH Authorization – Please attach a voided check

(Please complete the information below if you would like your monthly invoice directly taken out of your checking or savings account on the 25th of each month)

Name (as it appears on checking/savings account)

Name of Financial Institution

City

State

Zip

Checking / Savings Account number

Financial Institution Routing Number

Signature

Date

.....
E-Mailed Bill

(Please complete the information below if you would like to receive your monthly statement via email each month.)

Name

Email Address

Phone Number

I understand that I will not receive a copy of my monthly billing statement via US mail. It is my responsibility to contact the billing office if I should decide to change my email address or cancel this service.

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“Delivering Tomorrow’s Technology Today”