



Auto Pay

ENROLLMENT

Questions?

Please call
1-800-442-6835

Please return completed form to:

Wheat State Technologies
PO Box 320, 106 W First St.
Udall, KS 67146

AUTHORIZATION AGREEMENT

Name: _____ Phone Number: _____

Address: _____ Wheat State Account #: _____

SELECT ONE OF THE AUTOPAY OPTIONS BELOW:

1) CREDIT CARD AUTOPAY

CREDIT CARD TYPE ▶ Select One: Visa Mastercard Discover American Express

Name as it appears on card: _____ Exp. Date: _____
Credit Card #: _____ 3-Digit CVS Code: _____

I hereby authorize Wheat State Technologies, to initiate CHARGE transactions to my credit card account as indicated.

Signature: _____ Date: _____

2) CHECKING ACCOUNT AUTOPAY

BANK INFORMATION

BANK Name: _____

Routing Number: _____ BANK Address: _____

Account Number: _____ City: _____ State: _____ Zip: _____

I hereby authorize Wheat State Technologies, to initiate debit entries to my checking account indicated and the depository named above to debit same to such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on my request.

In the event of cancelling services and your final bill has a credit balance, your credit may be applied to the AutoPay payment method on your account. Any questions or concerns may be directed to the Customer Care Team office at 1/800 442-6835 or via email at: care_team@wheatstate.com. Thank you for choosing WST for your voice and fiber Internet services. We appreciate your business.

Signature: _____ Date: _____