



Authorization for SAV-A-CHECK Automatic Bill Payments

To sign up for Sav-A-Check, simply complete and sign the following authorization form. Please attach a voided check and then mail all the information to: TDS, PO Box 608, Lancaster, WI 53813. Or, fax this information to: 608-830-5597.

I (we) authorize TDS® to initiate entries to debit my (our) account described below:

Checking Account No _____

OR Savings Account No _____

Financial Institution's Name _____

Financial Institution's Address _____

Attach a voided check or provide the Financial Institution's Routing Number.

(The routing number is found on the bottom left of your check.)

This authority is to remain in full force and effect until TDS has received written notification from me (or either one of us) for its termination in such time and manner as to afford TDS a reasonable opportunity to act on it.

Signature _____

Full Name _____

Date _____

TDS Account Number _____

(OPTIONAL – FOR JOINT ACCOUNT)

Signature _____

Full Name _____

Date _____

FOR TDS USE:

(Location)