



**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 or savings deposit slip.

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 savings slip, or provide the Financial Institution's Routing Number and Return form to:  
TDS • PO Box 628396 • Middleton, WI 53562

(The routing number can be found on the bottom left of your check or savings deposit slip.)

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 \_\_\_\_\_

Telephone (Account) Number \_\_\_\_\_

(OPTIONAL – FOR JOINT ACCOUNT) \_\_\_\_\_

Signature \_\_\_\_\_

Full Name \_\_\_\_\_

Date \_\_\_\_\_

Telephone (Account) Number \_\_\_\_\_

**FOR COMPANY USE:**  
\_\_\_\_\_  
(Location)