



McLeodUSA Technology Park
PO Box 3177
Cedar Rapids, IA 52406-3177

www.mcleodusa.com

McLeodUSA Direct Payment

The McLeodUSA direct payment program is the easiest way to pay your bill. Direct payment automatically debits your checking or savings account — or your credit card if you wish — 15 days after your billing date. Your bill is paid on time every month, and you will still receive a detailed monthly statement for your records. In addition, your monthly bank and credit card statements will reflect the date and the amount of each McLeodUSA direct payment transaction.

There is no charge for this service and sign-up is easy! Simply complete the form below and return it by fax or in the envelope provided. **Note: If you choose automatic withdrawal from your checking or savings account, please include a voided check or deposit slip when you fax or mail this form to us.**

Your Billing Address

Name: _____ Daytime Phone: _____

Address: _____

City, State, Zip: _____

McLeodUSA Account Number or Main Phone Number: _____
(located on the front page of your bill)

DIRECT PAYMENT INFORMATION

New Direct Payment Request Change to existing Direct Payment Authorization

I would like direct payment to come from my (check one):

Checking Account* Savings Account* MasterCard Visa Discover

*Must include voided check or deposit slip

Complete this section if you chose direct payment through your CHECKING OR SAVINGS ACCOUNT.

Financial Institution Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Note: Remember to include your voided check or deposit slip.

Complete this section if you chose direct payment through your CREDIT CARD.

Credit Card Number: _____ Exp. Date (mo/yr): _____

Security Code (3- or 4-digit number): _____
(This number can be found on the signature panel of your credit card).



Credit Card billing address if different from above:

Address: _____

City, State, Zip: _____

I hereby authorize McLeodUSA to initiate entries to charge the credit card or checking/savings account indicated above for payment of my McLeodUSA bill. I understand that authority to charge my account will remain in effect until I notify McLeodUSA in writing to terminate my participation.

Signature: _____ Date: _____

MAIL OR FAX THIS FORM TO: McLeodUSA Technology Park
Attn: Cash Applications
PO Box 3177
Cedar Rapids, IA 52406-3177

FAX: (319) 790-6952