

# PAPERLESS BILLING AND AUTOMATIC PAYMENT ENROLLMENT CHECKLIST

# 1

## Enroll in IntegraCare

Create your IntegraCare account by going to [integracare.integratelecom.com](http://integracare.integratelecom.com). Select [Create an Account](#) and complete the online form.

# 2

## Enroll in Paperless Billing

Use your new IntegraCare account to enroll in Paperless Billing. Go to [My Account](#), hover over [Billing](#) on the dropdown, then click on [Manage Billing Method](#). Complete the Paperless Billing sign-up form.

# 3

## Enroll in Automatic Payment

Paperless Billing allows you to receive your monthly statement online and automatic payment allows you to automatically deduct your [monthly](#) payments from your bank account. Complete the form below to sign up for automatic payment.

Name (please print) \_\_\_\_\_ Integra Account # \_\_\_\_\_

Email of Responsible Party \_\_\_\_\_ Telephone Number \_\_\_\_\_

### BANK ACCOUNT INFORMATION:

Banking Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_



I hereby request Integra and authorize the financial institution named to initiate the debit entries to my bank or credit card account to pay my monthly telecommunications bill. This authority is to remain in full force and effect until Integra has received written notification of its termination in such time as to afford a reasonable opportunity to act upon it. I have the right to stop payment within seven days of the due date. I am responsible for notifying both Integra and the financial institution named of this stop payment request. I understand that both Integra and the financial institution named reserve the right to terminate this payment plan or my participation in it. This facsimile transmission (and/or other documents accompanying it) may contain confidential information belonging to the sender. The information is intended only for the use of the individual or entity names above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax to your local Integra Customer Care office at: [503-546-7675](tel:503-546-7675)  
or scan and email to: [customerservice@integratelecom.com](mailto:customerservice@integratelecom.com)

