AUTHORIZATION FOR BANK DRAFT PAYMENT

I/we authorize **Park's Garbage Service, Inc.**, my trash removal company, and the financial institution named below to initiate entries to my/our checking account for the monthly trash removal bill payment. This authority will remain in effect until I/we notify **Park's Garbage Service, Inc.** to cancel it. I /we understand it is my/our responsibility to notify **Park's Garbage Service, Inc.** if I/we change banks or account numbers by mailing in such notification, along with a new voided check. ***I understand that it may take approximately thirty (30) days for this bank draft to take effect, whether application, change or cancellation.***

I/We understand that payments will be drafted on or about the 9th of each month. If the 9th of the month is a Saturday, Sunday or Holiday, your account will reflect a payment on the next business day. **A $10.00 charge is applied for any draft returned unpaid.**

Note: Park's Garbage Service, Inc. and the below named financial institution reserve the right to terminate this payment plan.

CHECK ONE: **[ ] Application** **[ ] Change** **[ ] Cancellation**

PLEASE PRINT:

YOUR Park's Garbage Service, Inc. Account number to be paid by bank draft: _ _ _ _ _ _ _

Your Name: _____

Your Address: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Name(s) on Bank Account; _____

Bank **Checking** Account Number to be debited: _____

Daytime or can-be-reached phone number: (_ _ _) _ _ _ -_ _ _ _

_____	_____	_____	_____
Signature – require of all names on bank account	***Date***	***Signature – required of all names on bank account***	***Date***

Please attach your VOIDED CHECK here. NOTE: Starter checks are not acceptable.

Return this completed form and Voided Check to:

Park's Garbage Service, Inc.
P.O. Box 218
Mount Union, PA 17066