



PROMPT • DEPENDABLE SERVICE
 P.O. BOX 218
 11763 SHIRLEY AYR ROAD
 MOUNT UNION, PA 17066
 PHONE: (814) 542-4751
 1-800-486-4490
 FAX: (814) 542-4851
 www.parksgarbage.com



AUTHORIZATION FOR BANK DRAFT PAYMENT

I/We authorize Apple Valley Waste, parent company of 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/quarterly 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 last business day of each month. If the last business day of the month is a Holiday your account will reflect a payment on the next business day.

A \$30.00 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: _____

Daytime or Can-Be --Reached Phone Number: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Name(s) on Bank Account: _____

Bank Checking Account Number to be debited: _____

Bank Routing Number: _____

Signature (all names on account)

Date

PLEASE ATTACH YOUR VOIDED CHECK HERE NOTE: STARTER CHECKS ARE NOT ACCEPTABLE

Please return this form along with voided check to:

Park's Garbage Service, Inc. -PO Box 218, Mount Union, PA 17066

Have you used your "My Park's Card" today?
www.myparkscard.com