



AUTO PAY AUTHORIZATION

I (we) hereby authorize Bi-County SWMS, herein after called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for landfill user fees. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

In order to activate your account, kindly complete the form below and staple a voided check from your designated account to the form.

Financial Institution _____ Branch _____

Routing Number _____ Account Number _____

Type of Account: _____ Checking _____ Savings

Name on User Fee Account _____

User Fee Account Number _____ Phone Number _____

Service Address _____

Amount: \$5.00 Frequency: Monthly Date of Debit (s): Last business day of each month

Once automatic debit has begun you will no longer receive a statement/prior notification unless the date or amount of payment changes in which case you will receive notice from us at least 10 days prior to the payment being collected. Please continue paying your bill manually until you stop receiving a bill and have confirmed that the automatic debit has started. If the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Phone Number _____

Print or Type Individual Name _____

Signature _____

Date _____