

# DIRECT DEBIT – PAYMENT AGREEMENT

Please PRINT all sections and return this form:

I (we) hereby authorize A.R.S. Refuse., hereinafter called BUSINESS, to initiate debit entries to my (our) Checking account indicated below, located at the financial institution name listed below, hereinafter called FINANCIAL INSTITUTION and to debit the same to such account shown below.

## **FINANCIAL INSTITUTION INFORMATION:**

Type:            Bank            Savings & Loan            Credit Union (Circle One)

Financial Institution Name: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Phone (if known) \_\_\_\_\_ Branch \_\_\_\_\_

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

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

*[PLEASE ATTACH A VOIDED CHECK FOR ROUTING/ACCOUNT # VERIFICATION.]*

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

## **CUSTOMER INFORMATION AS IT APPEARS ON YOUR BILL:**

A.R.S. Refuse Account # \_\_\_\_\_

Customer Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**Depositors signature as it appears on your checks (both must sign if joint account)**

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

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

A.R.S. Refuse  
200 Taylor Pkwy  
Archbold, OH 43502