DIRECT DEBIT – PAYMENT AGREEMENT

Please PRINT all sections and return this form:

I (we) hereby authorize Heartland Disposal Service., 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. If account is insufficient HDS may attempt to pull amount owed including any additional fees at a later date.

FINANCIAL INSTITUTION INFORMATION:

Type: Bank 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:

Account #: ___ ___ ___ ___ ___ ___

Customer Name:_____

Email Address:_____

Phone Number:_____

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

X_____ Date_____
Signature

X_____ Date_____
Signature

Mail To:
Heartland Disposal Service
PO Box 70
Defiance, Ohio 43512