OPTIONAL

Automatic Bill Payment Authorization Statement

www.waltersrecycling.com

Important – Please read and fill out completely

I hereby request Walters Recycling and Refuse, Inc. and authorize the financial institution named below to initiate the debit entries to my bank account to pay my waste removal bill. This authority is to remain in effect until Walters has received written notification of its termination in such time as to afford reasonable time to act upon it. I have the right to stop payment within ten (10) days of the billing date. I am responsible for notifying both Walters Recycling and Refuse Inc. and the financial institution named below of this stop payment request. I understand that both Walters Recycling and Refuse, Inc. and the financial institution named reserves the right to terminate this payment plan or participation in it. I also understand that if I discontinue the program ï I must notify Walters Recycling and Refuse, Inc**. ten (10) days prior** to my next full billing cycle in writing. Funds will be withdrawn the first business day of the month your bill is due.

Name:_____ please print Date:_____

Authorized Signature: _____Daytime Phone:_____

Home Phone:_____

Walters Account Number:_____

Name of Bank or Financial Institution:_____

Please attach a voided check to this form and return it with your next trash payment.

Other services available:

____ Temporary Roll Off Boxes - call me at _____

____ Commercial Services ï call me at _____

Visit our web site at www.waltersrecycling.com

Call us at **763-780-8464** with questions or concerns. Thank you for your continued business!