

Authorization Agreement For Direct Payments (ACH Debits)

I hereby authorize Pullman Disposal Service, Inc., hereinafter called COMPANY, to initiate debt entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository Name _____ Branch _____

City _____ State _____ ZIP _____

Routing Number _____

Account Number _____

This authorization 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

Pullman Disposal Service Account Number _____

Date _____

Signature _____

Please include a voided check with this form. *Thank you*

Direct Pay ACH authorize

Email: contact@pullmandisposal.com