

AUTHORIZATION FOR DIRECT PAYMENT

I hereby authorize Virgin Valley Disposal, Inc. to initiate debits from my checking or savings account named below. I understand that I am responsible to notify Virgin Valley Disposal, Inc. of any changes to my checking or savings account.

BANK _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING # _____ ACCOUNT # _____

CHECKING _____ SAVINGS _____ BUSINESS _____

FIRST _____ LAST _____

ADDRESS1 _____ ADDRESS2 _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ BIRTHDAY (MM/DD/YY) _____

This authorization is to remain in full force and in effect until Virgin Valley Disposal, Inc. has received written notification from me to terminate this agreement. Virgin Valley Disposal, Inc. and my bank shall have a reasonable opportunity to act on the request to terminate.

VIRGIN VALLEY DISPOSAL ACCOUNT # _____

TODAYS DATE _____ SIGNATURE _____

A \$25.00 processing fee will be assessed if there are insufficient funds in your bank account.

****PLEASE PROVIDE A VOIDED CHECK TO ENSURE PROPER ROUTING****

NOTES & COMMENTS _____

Official Use Only

Draft # _____

Cycle# _____

Processed By _____

Date _____