

ONE TIME ACH Payment Authorization

You authorize charges to your checking/savings account. You will be charged the amount indicated below. A receipt for each payment will be provided to you upon request and the charge will appear on your bank statement as Eastex Trash INC.

I _____ authorize S. Eastex Trash Service INC.____ to charge my
(Full Name) (Merchant's Name)

bank account indicated below for \$ _____ on the _____ of
(Amount \$) (day)

(month)

This payment is for _____ Residential Garbage Collection_____
(Description of Goods/Services)

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

Checking Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that S. Eastex Trash Service INC. agree to an additional \$ 20.00 charge for each returned NSF which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____