

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)



CUSTOMER/ACCOUNT NAME(S): _____

I (WE) hereby authorize Pro Star Waste, hereafter referred to as the COMPANY, to initiate debit entries to MY (OUR) () CHECKING or () SAVINGS account (check only one) indicated below at the DEPOSITORY financial institution named below, hereafter referred to as the DEPOSITORY, and to debit the same such account.

Amount of debit: _____ Effective date: _____

Depository Institution Name: _____

Depository Institution City: _____

Depository Institution State: _____

Routing number: _____

Account number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification via certified mail from me or other person listed here as authorized account administrators of its termination. The COMPANY and DEPOSITORY will terminate the direct payment (ACH debit) to MY (OUR) account within a reasonable time period of receiving my written notification via certified mail.

Name 1 (Printed): _____ Initials Name 1: _____

Name 2 (Printed): _____ Initials Name 2: _____

Name 1 Signature: _____ DATE: _____

Name 2 Signature: _____ DATE: _____

I (WE) understand and acknowledge that termination of direct payment service (ACH debit) does not release ME (US) from MY (OUR) service agreement terms or from outstanding balances incurred for services rendered. _____ (Initials Name 1) _____ (Initials Name 2)

NOTE: The COMPANY reserves the right to discontinue this service at its discretion via verbal communication.

**ATTACH A VOIDED CHECK OR CHECK COPY
DO NOT USE DEPOSIT TICKETS TO OBTAIN THE ROUTING NUMBER**

E-mail completed form to: customercare@prostarwaste.com

or

Fax completed form to: (936) 365-4214