

Western Waste Services ACH Form

I (we) authorize *Western Waste Services, Inc.* initiate debit entries to my checking/savings at the financial institution listed below, and, if necessary, initiate adjustments for any transaction credited/debited in error. This authorization will remain in effect until *Western Waste Services* is notified by me in writing to cancel such time as to afford *Western Waste Services* and the *Financial Institution* a reasonable opportunity to act on it. Any transaction returned NSF is subject to a \$20 fee, which will be electronically debited from the account listed below, effective upon reinitiating the original transaction.

(Financial Institution)

(Address of Financial Institution: City, State, & Zip)

Bank Account Type: Checking Business checking (check one)

Recurring every 1st 2nd 3rd 4th Friday, or as specified below:

(Bank Account Number)

Amount \$ _____

(Bank Routing)

(Customer Name)

(Customer Signature)

(Date)

(Address – Please Print)

**(Please attach a voided or photocopy of a check)
Deposit slips are not acceptable**