DIRECT DEBIT – PAYMENT AGREEMENT

Please <u>PRINT</u> all sections and return this form:

FINANCIAL INSTITUTION INFORMATION:

I (we) hereby authorize Heartland Disposal Service., hereinafter called BUSINESS, to initiate debit entries to my (our) Checking account indicated below, located at the financial institution name listed below, hereinafter called FINANCIAL INSTITUTION and to debit the same to such account shown below.

Type:	Bank	Credit Union (Circle One)	
Financial	Institution Name: _		
City		State	Zip
Bank Phone (if known)		Branch	
Routing Number		Checking Account Number_	
[PLEA	ASE ATTACH A VO	IDED CHECK FOR ROUTING/ACCOUNT #	VERIFICATION.]
received w	ritten notification from	l force and effect until BUSINESS and FINANCIA m me (or either of us) of its termination in such time NCIAL INSTITUTION a reasonable opportunity to	e and in such manner as
CUSTOM	ER INFORMATION	N AS IT APPEARS ON YOUR BILL:	
Account #	t:		
Customer	Name:		
Email Add	dress:		
Phone Nu	mber:		
Depositors	s signature as it appe	ears on your checks (both must sign if joint accou	unt)
X		Date	
	Signature		
X	Signature	Date	
Signature			Mail To:
			Heartland Disposal Service

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Last revised by HRB 1/10/14

Napoleon, Ohio 43545