

Signature Waste Systems, Inc.

704-714-9400 Office

844-273-2365 Fax

Automatic Bank Draft Authorization Form

Name: _____ Tel #: _____

Address: _____

City: State: ZIP: _____

Email Address: _____

Customer Number: _____

Bank Name: _____

City: State: ZIP: _____

ABA Transit/Routing Number: _____

Bank Account Number: _____

Account Type: Check One

Checking: _____

Savings: _____

Attach a voided check to this form.

I hereby request and authorize Signature Waste Systems, Inc. to make a monthly or quarterly deductions on the 10th of the month from my bank account when payments are due on my account. I agree that if a payment is rejected, there will be a \$15.00 return check fee applied to my account. This authority is to remain in full force and effect until Signature Waste Systems has received written notice from me to terminate the auto draft on my account. I acknowledge that origination of Automatic Bank Draft transactions to my account must comply with the provisions of U.S. law. This information will be used by Signature Waste Systems only for the processing of your payments to your account and will be kept strictly confidential.

Residential Draft Dates: Jan 10th, April 10th, July 10th, and Oct 10th

Mail this form **and a voided check** to:

Signature Waste Systems

P O Box 7349

Charlotte, NC 28241

Printed Name: _____

Signature: _____

Date: _____