



www.wastepartnersinc.com

218-587-8727, 218-692-8727, 218-824-8727

Waste Partners, Inc. offers several payment methods to our customers, the most convenient being Automated Clearing House (ACH). ACH Payment is a form of electronic funds transfer that provides a secure, efficient method of making payments through the ACH Network. Please fill out the attached form and mail it back if you would like payments to be made to your account automatically each billing cycle using the ACH method.

ACH payments offer the following benefits:

- Eliminates the handling of paper checks
- Reduces any payment problems due to lost, stolen or misdirected checks
- Eliminates mail delays
- Eliminates the hassle of having to update credit or debit card information due to expired cards or issuance of new card numbers when using the auto-pay by credit card method.

Auto-payment Authorization Agreement

Complete, retain a copy for your records and return original copy by mail, email or fax.

Waste Partners, Inc. PO Box 677, Pine River, MN 56474

info@wastepartnersinc.com · Fax-218-587-5122

I authorize Waste Partners, Inc. and the financial institution named below to automatically debit the checking account designated below for all charges due and payable on my regular billing cycle. I understand that any fees associated with the overdraft of my account, due to this payment, is my responsibility and not the responsibility of Waste Partners, Inc. I verify that I am a legal signer on the checking account listed below. This authority will remain in effect until I notify Waste Partners, Inc. of cancellation 30 days prior to the next full billing cycle. **The transfer will be made on the 10th of the month that you are billed in. If the date of the transfer falls on a weekend or bank holiday, the transaction will be made on the following business day.**

Name: _____(please print)

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Waste Partners Account #: _____
(6 digits)

Name of bank: _____

Checking Account: _____
Bank Routing Number Account Number

DO YOU STILL WISH TO RECEIVE YOUR BILL? YES _____ NO _____

WOULD YOU LIKE TO BE BILLED AND HAVE THE BALANCE AUTOMATICALLY DEBIT THE CHECKING ACCOUNT EACH MONTH _____ OR QUARTERLY _____

Please attach a voided check to verify routing and account numbers.

Signature

Date