

## Electronic Fund Transfer (EFT) Authorization Agreement

Customer Name: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ \*This applies to commercial accounts only.

Billing Address: \_\_\_\_\_

Service Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ \* This is optional if you wish to receive an automatic reminder of the withdrawal each month.

**I would like to receive all future billings, invoices, and late notices via e-mail.**

I hereby authorize the Steuben Lakes Regional Waste District, hereinafter called DISTRICT to debit payments (and if necessary, credit entries for reversal or adjustment, for any debit entries created in error) to my account at the designated depository named below, hereinafter called DEPOSITORY.

I hereby accept responsibility to notify DISTRICT, of any changes in the depository or account number, in a timely manner. I also agree to notify the DISTRICT in the event of an error in this payment and assist them in resolving it.

I acknowledge that I have been given a copy of the Electronic Fund Transfer Policy and Procedures of the DISTRICT.

Depository Name: \_\_\_\_\_

Depository Address: \_\_\_\_\_

Depository Telephone Number: \_\_\_\_\_

Routing/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

\_\_\_\_\_ Checking      \_\_\_\_\_ Savings

Both Signatures are required if it is a joint account.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_