

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 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: _____

STATE OF _____)
COUNTY OF _____) SS:

Before me, a Notary Public in and for said County and State, personally appeared _____, who acknowledged the execution of the foregoing, and who having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this _____ day of _____, 200__.

_____ Notary Public

_____ Printed Name