



RECURRING DIRECT PAYMENT AUTHORIZATION

Step 1:

Bay Disposal Account Information

Contact Information

Customer Name (as it appears on the bill):

Contact Name:

Account Number:

Contact Mailing Address:

Phone Number:

Fax:

Phone Number:

Fax:

Request Type (Select One):

New

Change

Cancel

I, the customer identified above (hereinafter referred to as "Customer" or as "I" or "my", authorize Bay Disposal Inc. to initiate scheduled recurring electronic fund transfers from my checking account identified herein for payments due from time to time on the Bay Disposal Account Number shown above.

I understand that the scheduled payment dates will be the first business day of each month. I understand that authorization of electronic funds transfers from my checking account as the method of making payments on the account identified above, is entirely **optional** and is not required to obtain or maintain my account.

I understand that I may at any time, with written notice, request that electronic transfers from my checking account pursuant to this authorization be discontinued, and that Bay Disposal will not initiate further electronic transfers from my checking account pursuant to this authorization after Bay Disposal has received my written notice and had a reasonable period of time to act upon it.

I understand if an "item" is returned as insufficient funds, a returned debit item fee of \$25.00 will be charged to my account. If a payment is returned two (2) months in a row, this account will be automatically cancelled from the Direct Payment Program.

I understand and authorize all of the above as evidenced by my signature below and acknowledge having read this authorization.

Step 2: Authorizing Signature:

Date:

Step 3: Required Financial Institution Information

Name of Financial Institution

Routing/ABA#: (nine -9- digit bank ID number)

Branch Address:

Checking/Savings Account Number:

City/State/Zip Code:

Step 4: Please attach a voided check here for the account listed above.