2001 E Oak St
Algona, IA 50511

DUMP IT SANITATION & RECYCLING INC.

515-295-7346
515-295-9422 (Fax)
info@DumpItAlgona.com

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Customer Name: _____

Customer Address: _____

Customer City: _____ State: _____ Zip _____

Customer Phone: _____ Customer Email: _____

I (we) authorize Security State Bank to debit from my (our) checking or savings account, the amount listed below on the 20th of every month beginning _____ (Month), _____ (Year)

The balance due on the account as of the 1st of the current month will be deducted from the account listed below.

(This amount will be credited to the account held by Dump It Sanitation & Recycling, Inc.)

Customer Bank Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Type of account: _____ Checking _____ Savings

The voided check or deposit ticket attached / enclosed, indicates the depository from which the account is held.

This authority is to remain in full force and effect until Dump It Sanitation and Recycling, Inc. is notified in writing by the customer of the termination date of this agreement.

Name: _____

Signature: _____ Date: _____