## DIRECT DEBIT AUTHORIZATION FORM

Bank Name		
Address		
City, State		
ABA Routing #		
Account Number		
Account type	Checking	Savings
Name on Accou	nt	

## \*\*\*\*\*

I authorize Fayette Waste LLC to initiate debit and/or credit entries to my Checking/Savings account at the bank named above for services provided. This includes initiating electronic debit entries, and if necessary, credit entries and adjustments for errors to my checking and/or savings account. This authorization will remain in effect until I have cancelled it in writing.

Date

Attach voided check here