

# Golden Triangle Waste Services

## AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

NAME: Click here to enter text.

PHONE: Click here to enter text.

*(As it appears on Financial Institution Records)*

ADDRESS: Click here to enter text. CITY: Click here to enter text. ZIP: Click here to enter text.

### FINANCIAL

INSTITUTION NAME: BankFirst Financial Services BRANCH: Click here to enter text.

CITY: Click here to enter text. STATE: Click here to enter text. ZIP: Click here to enter text.

### CHECKING

TRANSIT/ABA #: 084201786

ACCOUNT #: Click here to enter text.

GOLDEN TRIANGLE WASTE SERVICES ACCOUNT NUMBER: Click here to enter text.

PHYSICAL ADDRESS: Click here to enter text.

I hereby authorize the Financial Institution named above to pay my monthly: Garbage Bill(s) by charging each payment to my account and to make that deduction payable to the order of Golden Triangle Waste Services. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and Golden Triangle Waste Services reserve the right to terminate this payment plan (or my participation therein).

DATE: Click here to enter a date. SIGNATURE: \_\_\_\_\_

NOTE: Please return this authorization and a VOIDED check on your account to:

Golden Triangle Waste Services  
PO Box 8880  
Columbus, MS 39705