

LAKENGREN WASTE MANAGEMENT, LLC
Authorization Agreement for Automatic Payment via ACH

PLEASE COMPLETE THIS FORM & INCLUDE VOIDED CHECK

**QUARTERLY DEDUCTIONS FOR TRASH COLLECTION
SERVICE FEES WILL BE INITIATED ON:**

JUNE 15 SEPTEMBER 15 DECEMBER 15 MARCH 15

Customer Information

Your Name _____ Lot # _____

Email _____

Address _____ City _____

State _____ Zip _____ Phone _____

Financial Institution Information

Financial Institution's Name _____

ABA Routing # _____ Account # _____

Address _____ State _____ Zip _____

Phone # _____ Account Type Checking Savings

ATTACH VOIDED CHECK HERE

Authorization

*I hereby authorize **LAKENGREN WASTE MANAGEMENT, LLC** to initiate debit entries to my (our) account on the dates indicated above. This authority is to remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.*

Date _____ Signature _____