ACH Debit Authorization Form

Flynn's Raytown Disposal Services, Inc.

Payment Plan Authorization Form

Name: _____
Please print First Middle Last

Address: _____

City/State/Zip: _____ Date of Birth: _____

Home/Cell Phone: (_____) _____ Last 4 digits of Social Security # _____

Work Phone: (____) _____ Driver's License # _____

Email Address: _____ Driver's License State: _____

Payment Plan Schedule

Recurring Debit every: ☐ Month ☐ Quarter ☐ Year

Payment Amount: $ _____ Payment Date: _____

Start Month: _____
Month Day Year

Customer Bank Account Information

Bank: _____ Phone: (____) _____

Routing Number: _____

Account Number: _____

Attach a voided check to this form.

Payment Authorization

I understand that standard services are billed in advance and any additional services such as but not limited to bulk item pick up, yard waste removal, and out of route fees may be processed within 5 business days of the above selected date should other payment arrangements for additional fees not being settled prior.

I authorize my bank to debit my account as identified above to the terms stated her. This authorization shall remain in effect until Flynn's Raytown Disposal Service, Inc. and the bank receive written notification from me of intent to terminate at such time and in such manner as to afford Flynn's Raytown Disposal Service. Inc. and the bank reasonable opportunity to act (minimum of 30 days).

All changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Payment Authorization Form to be filled out and submitted 15 days prior to any changes being implemented. I understand that this payment plan may be cancelled by Flynn's Raytown Disposal Service, Inc. or Heartland Payment Systems due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of $30.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold Flynn's Raytown Disposal Service, Inc., my personal bank and Heartland Payment Systems harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature: _____ Date: _____