



EFT/ACH PAYMENT AUTHORIZATION

Please complete the entire form and sign below

Purpose of form (check one): New Applicant Change Request Cancel Recurring Payment

Customer Name _____ Daytime Phone _____

Gardner Disposal Acct./Customer #

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 (example: 01-0001 0)

Service Address _____

Email Address _____

Bank Account Information:

Name on Account _____

Bank Name _____

Routing Number _____

Account Number _____



Checking Account Savings Account

One-Time Payment

I authorize Gardner Disposal Service, Inc. to make a one-time charge from my bank account specified above for the amount of _____ upon receipt of this completed authorization.

Recurring – Automatic Payment

I authorize Gardner Disposal Service, Inc. to initiate automatic payments from my bank account specified above. I understand my account will be charged on or about the 1st of the month or as indicated on my bill for the full balance due. **Please note: your automatic payments will start with your next bill.**

I understand that I will be subject to a return check fee if sufficient funds are not available at the time of the electronic fund transfer. This authority is to remain in full force and effect until Gardner Disposal Service, Inc. has received written notification from me of its termination no less than 10 days prior to my desired stop date.

I have read and agree to the above authorization agreement.

Signature _____ Date _____

If mailing, please address to: Gardner Disposal Service, Inc. P.O. Box 304, Gardner, KS 66030.
If emailing, please address to: gds@gardnerdisposalservice.com ATTN: AP PAYMENT AUTHORIZATION
Please include a voided check (or copy of a voided check if emailing)