

Superior Sanitation
P.O. Box 590 Brighton, MI 48116
Phone: (810)227-1298
Fax: (810)229-3079



OPTIONAL AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

Please Fill Out Completely and Fax to: (810) 229-3079

I/We authorize the COMPANY (named below) to initiate debit entries to my/our account at the DEPOSITORY (identified below), for the purpose of accomplishing the following preauthorized payments:

COMPANY NAME: SUPERIOR SANITATION

AMOUNT: \$ _____

Please note that any specials or recycle bags ordered will be billed separately.

SUPERIOR SANITATION ACCT. # (6 DIGIT): _____

SERVICE ADDRESS: _____ ZIP CODE _____

WITHDRAW DATES:

Feb 25th (Apr-June svc.), May 25th (Jul-Sept svc.), Aug.25th(Oct-Dec svc.) & Nov.25th (Jan-March svc.)

New Authorization

Change to Previous Authorization

DEPOSITORY NAME: _____

BRANCH: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NO.: _____ Voided check/deposit slip attached

ACCOUNT NO.: _____ CHK SAV

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

I/We understand that this authorization will remain in full force and effect until the termination date stated above or until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (Print or Type): _____

(Signature)

(Date)

(Signature)

(Date)