

Account name: _____

Account number: _____

Bank Draft / Debit Authorization

I/we hereby authorize Franklin County Solid Waste to initiate debit entries to my/our account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for solid waste collection. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Routing Number)

(Account Number)

Type of Account: _____ Checking _____ Savings

Amount (or how amount is determined): _____

Date of Debit (s): **10th of Month**

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

(Note: For varying amounts the company must send, based on the NACHA Operating Rules, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the Rules state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authority is to remain in full force and effect until COMPANY has received written notification from the recipient of its termination and/or changes **a minimum of (2 weeks) prior** to the first day of the next billing month as to afford time to act upon.

(Print Individual Name)

(Signature)

(Date)

(PHONE NUMBER)

PLEASE ATTACH VOIDED CHECK OF FINANCIAL INSTITUTION ACCOUNT VERIFICATION LETTER TO THE FORM.