



Sunshine Disposal & Recycling Auto-Withdrawal Enrollment Form

Instructions

- 1) Complete the following information about your service account and bank.
- 2) You **MUST** attach a voided check in order to guarantee successful enrollment.
- 3) Sign and mail this form separately to the address below. Do **NOT** send it with your regular payment.
- 4) Continue to pay your statement in your usual manner until such time as your statement indicates "Funds will be withdrawn from your account on the 15th of the month".
- 5) Withdrawal may be cancelled upon receipt of written notice within 7 days of your next statement date.

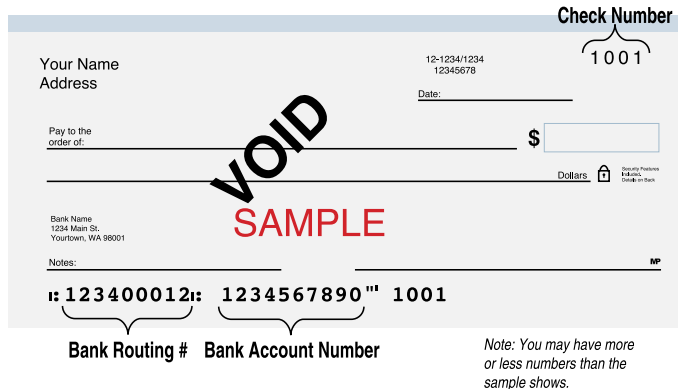
Your Account Information

_____ Name	_____ Sunshine Account #	_____ Daytime Phone #
_____ Service Address	_____ City, State	_____ Zip
_____ Billing Address (If different)	_____ City, State	_____ Zip

Banking Information

_____ Bank Name	_____ Bank Routing #	_____ Bank Account #
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- Checking
 Savings



I hereby authorize Sunshine Disposal & Recycling (Sunshine) to automatically withdraw from my account the amount due as indicated on my regular billing statement. I authorize the above named financial institution to accept such transactions as indicated by Sunshine. This authorization shall remain in effect until such time as Sunshine receives written notification from me within 7 days prior to my next statement date.

_____ Signature	_____ Print Name	_____ Date
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Mail this enrollment to: Sunshine Disposal Auto-Pay
PO Box 13369
Spokane Valley, WA 99213