

## Sunshine Disposal & Recycling Auto-Withdrawal Enrollment Form

## **Instructions**

1) Complete the following information about your service account and bank.

PO Box 13369

Spokane Valley, WA 99213

- 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- 4) Continue to pay your statement in your usual manner until such time as your statement indicates "Funds will be withdrawn from your account on the 15th of the month".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**

Bank Name  Bank Routing #  Bank Account #  Check Number    1001   SAMPLE   1001   Sample shows.    Sample shows.   I hereby authorize Sunshine Disposal & Recycling (Sunshine) to automatically withdraw from my account the due as indicated on my regular billing statement. I authorize the above named financial institution to accitransactions as indicated by Sunshine. This authorization shall remain in effect until such time as Sunshine written notification from me within 7 days prior to my next statement date.	Name	Sunshine Account #		Daytime Phone #			
Bank Name  Bank Routing #  Bank Account #  Check Number    SAMPLE	Service Address			City, State		Zip	
Bank Name  Bank Routing #  Bank Account #    Check Number	Billing Address (If different)		<del></del>	City, State		Zip	
Bank Name  Bank Routing #  Bank Account #  Check Number    Check Number   1001	Banking Information						Checking
Your Name Address    Sample	Bank Name		Bank Routing #		Bank Account	t #	Savings
Address    Pay to the   Date				Ch	eck Number		
SAMPLE    Sample shows   Sample show				12-1234/1234 12345678	1001		
SAMPLE    123400012: 1234567890   1001			S				
Bank Routing # Bank Account Number  Note: You may have more or less numbers than the sample shows.  I hereby authorize Sunshine Disposal & Recycling (Sunshine) to automatically withdraw from my account the due as indicated on my regular billing statement. I authorize the above named financial institution to account transactions as indicated by Sunshine. This authorization shall remain in effect until such time as Sunshine written notification from me within 7 days prior to my next statement date.		order of:	10/		Security Penturus Dates on Dock		
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Signature Print Name Date	Signature		Print Name			ate	