

Solid Waste Services Automatic Payment by Bank Account Application



This agreement between the Customer and Solid Waste Services authorizes Solid Waste Services to collect payments for refuse bills by charging the Customer's bank account. Please check with your bank for their procedures if you wish to use your savings account.

Fields in **red** are required information.

Customer's Name

Customer's E-mail Address

Mailing Address

Phone Number

City

State

Zip Code

SWS Account Number (10 digits)

Service Address

Name of Financial Institution

Name on Bank Account

Bank Routing Number (9 digits)

Bank Account Number

The diagram shows a check with the following fields and labels:

- Your Name
- Your Address
- Your City, State, Zip
- Date _____ 20__ 1111
- Pay to the order of _____ \$ _____ Dollars
- For _____
- Routing Number: **123456789**
- Account Number: **000123456**
- 1111

Labels below the check indicate that the first nine digits of the MICR line are the Routing Number and the next eight digits are the Account Number.

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When enrolling in this program, I understand that:

- 1. I will remit payment for my current bill. Automatic payments will begin with the first billing following enrollment and future bills will be automatically charged.*
- 2. If my bank account is declined for whatever reason, Solid Waste Services will attempt to contact me for an alternative payment and my account will be subject to normal credit procedures and returned payment fees. If my payment is declined twice within a 12 month period, Solid Waste Services may cancel my participation in this program.*
- 3. If my bank account number changes, I will promptly notify Solid Waste Services of the new account number. If Solid Waste Services is not notified and is unable to process my payment, I will be responsible for an alternative payment arrangement and any late fees that result. I will contact Solid Waste Services at 907-343-6250 if I no longer wish to participate in this program. Solid Waste Services may cancel this agreement at any time with 30 days written notice.*

By signing this authorization, the Solid Waste Services customer acknowledges that he/she has read and agrees to the terms listed.

Signature of Applicant

Date

Please return your completed enrollment form by mail or in person to Solid Waste Services at:

1111 East 56th Avenue, Anchorage, AK 99518

A VOIDED CHECK MUST ACCOMPANY YOUR ENROLLMENT FORM

or Faxed to: 907-343-6290

For questions, please contact our Customer Service department by phone at: 907-343-6250