

Sweetland Ltd. Debit Authorization

I hereby authorize Sweetland Ltd., to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for trash removal service. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip)

This authority is to remain in full force and effect until Sweetland Ltd. has received written notification from me (or either of us) of its termination in such time and manner as to afford Sweetland Ltd. and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Date)

(Your Sweetland Acct. #)

I would like to pay (Please check your payment choice)

Quarterly _____ Semi Annually _____ Annually _____

Email Address: _____

(You will receive your invoice/notification by email 2 weeks prior to the automatic debit date, which will occur on the first day of the month at the beginning of your next service period.)

If you prefer to receive your debit reminder by US Mail, check here _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.

**Please return completed form and voided check to:
Sweetland Ltd., PO Box 8005, New Albany, IN 47151**