## **Shelton Sanitation Inc**

## **Authorization Agreement for Preauthorized Debits/Credits**

Customer Name:			
Pick Up Address:			
Email Address:			
Phone Number:			
I (we) hereby authorize <b>S</b> and/or credit entries to my Financial Institution name account.	y (our) checking and/o	r savings account indica	nted below and the
Bank Nam	ne:		<u> </u>
Bank Addres	SS:		_
Pank Pouting Number			
Name on Accoun	t:		_
Account Type (circle one	): Checking	Savings	
This authority is to remain written notification from COMPANY and BANK approcess these drafts on the weekend or holidary) and transactions clearing due	me (or either of us) of a reasonable amount of e 15 <sup>th</sup> of the month (or may terminate this agr	its termination in such if time to act on it. Shelf the closest business day reement in the event that	manner as to afford son Sanitation Inc will y if the 15 <sup>th</sup> falls on a
Date:	Signature:		