
AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

**PINA Sanitation
Services, Inc.**

*LOCALLY OWNED &
OPERATED SINCE 1968*

I, _____ authorize _____ (Pina Sanitation) to debit
my account at the depository financial institution named below.

Depository Financial Institution Name _____

Name(s) on Account _____

Routing Number _____

Account Number _____

Amount Authorized _____

Account Type Checking Savings

Purpose of Payment _____

Month _____

By signing this form, I am granting permission to debit my account for the amount and frequency indicated. I understand that this authorization will remain in full force and effect until I notify COMPANY in writing that I wish to revoke this authorization.

Name _____ PRINTED SIGNATURE

Date _____

PLEASE INCLUDE A VOIDED CHECK WITH YOUR EXECUTED AUTHORIZATION