



**CAPITAL CITY**  
*Refuse*

## Authorization for Automatic Withdrawal Form

*Please print off and fill out a copy for our records, thanks!*

*What is your reasoning for automatic withdrawals? Please select one of the available options.*

**New Authorization**

*Please complete A, B, C and F.*

**Edit Authorization**

*Please complete A, B, D and F.*

**Cancellation**

*Please complete A and E.*

### A: Customer Information

First & Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_

### B: Banking/Financial Institution Information

Name of Financial Institution \_\_\_\_\_

Phone Number \_\_\_\_\_

Routing Number(9 digits) \_\_\_\_\_

Account Number \_\_\_\_\_

### C: New Authorization Statement

*I authorize Capital City Refuse to debit the above account for the amount due for services. I understand that charges due to non-sufficient funds, errors in documentation, or other additional charges, will be debited from the above mentioned account. I understand that I may terminate this agreement at any time by completing another authorization form and sending it to Capital City Refuse, allowing reasonable time for them to act upon my request for termination. I understand that the agreement will be terminated upon receipt of any balances due. I hereby authorize Capital City Refuse to initiate debit entries and initiate, if necessary, credit entries and adjustments for any debit entries in error to my account as indicated above and depository named above to credit and/or debit the same such account.*

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please mark option D or option E.*

**D: Edit Authorization**

*I authorize and request Capital City Refuse to make the changes indicated on this form for automatic withdrawals to my account.*

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

**E. Cancellation**

*I request that Capital City Refuse terminate my authorized automatic withdrawal from my account. I will allow a reasonable amount of time for Capital City Refuse to act upon my request and understand that any balance due is required in order to cancel this agreement.*

**F: Attach a Voided Check**

*And Mail to Capital City Refuse, Inc.  
P.O. Box 499, Walton, NE, 68461*