



HOMETOWN SANITATION LLC

PO BOX 508 - 815 SIMPSON AVE, HOQUIAM WA 98550
(360) 533-7319

Schedule your payment to be automatically deducted from your checking or savings account.

Hometown Sanitation Customer Account Number _____

Service Address _____

Name on Bank Account _____

Bank Name _____

Bank Routing Number (9 digits) _____

Bank Account Number _____

Account Type: _____ Checking _____ Savings

I authorize payment from my account Bi-Monthly on the 15th (Jan, Mar, May, Jul, Sept, and Nov).

Payments will be deducted from your account starting the 15th of the Bi-Monthly Schedule following receipt of this form by Hometown Sanitation.

I authorize Hometown Sanitation, LLC to automatically withdraw funds from my account named above for current amount due on my Hometown Sanitation, LLC statement. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law and regulations.

I understand that this authorization will remain in effect until Hometown Sanitation, LLC has received written notification from me of its termination in such time and manner as to afford Hometown Sanitation, LLC and my bank a reasonable opportunity to cancel.

I understand that payment in the amount on the bill will be taken out of the above account on the designated date indicated above. I understand the payment may be executed on the next business day if the noted periodic payment date falls on a weekend or holiday.

In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Hometown Sanitation, LLC will charge a \$20 NSF fee to my account.

Owner/Tenant Name (Please print)

Telephone Number

Owner/Tenant Signature

Date

**A VOIDED CHECK NEEDS TO BE ATTACHED WITH THIS REQUEST –
PROCESSING CANNOT BE COMPLETED WITHOUT IT.**
**THIS FORM MUST BE RETURNED BY MAIL OR IN-PERSON TO OUR
OFFICE.**