



Authorization for Direct Payment Automatic Bill Payment Peninsula Sanitary Service, Inc.

I (We) authorize Peninsula Sanitary Service, Inc. to initiate variable entries to my (our) account described below:

Checking Account No.: _____ Routing Number: _____

Financial Institution's Name: _____

Financial Institution's Address - Street: _____

City: _____ State: _____ Zip Code: _____

INSTRUCTIONS:

- Attach a voided check to this form. **DO NOT SEND DEPOSIT SLIPS.**
- This authority is to remain in full force and effect until Peninsula Sanitary Service, Inc. has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

Full Name: _____

Authorized Signature: _____ Date: _____

Authorized Signature: _____ (Optional – For Joint Account)

BILLING ADDRESS:

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Billing Account #: _____

SERVICE ADDRESS: (if not the same as billing)

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Email (optional): _____

PLEASE NOTE: Because direct pay requires a routing confirmation from your financial institution, payments will not be processed from your account until your next billing statement. If you have already received a statement, please pay your current statement by check and direct pay will begin debiting your account with the next billing cycle. Please allow seven business days for processing.

There will be a returned item fee for any payments rejected by our bank.

Please return form and voided check in person or by mail to:

Peninsula Sanitary Service, Inc. 339 Bonair Siding Road, Stanford, CA 94305

For Company Use: Representative: _____ Date Processed: _____

SEPT 2023