ACH Draft Request from Client to Etowah Lions Services, Inc

| Services, Inc Authorization for Direct: Pa making a payment. Check one) at the depository Fina | ur account for the amount due, on your specified frayment via ACH Direct Payment is the transfer of funds fone: Begin Payment Change Information ancial Institution named below ("DEPOSITORY"). I (we) again to the description of the property of the propert | equency, for trash service. rom an account for the purpose of Checking Account Savings Account (select |
|---|--|--|
| ply with all applicable law. | | Internal Use Only |
| Name on account: | | Date Received |
| | | Account Number |
| Mailing address: | | In Easy Bill & Route |
| City: | State: ZIP | Rate Screen ACH Message |
| Bank Name: | | Notify Client Receipt of Info |
| | | <u>Group assigned</u> |
| Kouting Number. | | 23 / 24 Monthly, 21 / 22 Quarterly |
| | | Initials of person entering data |
| We are not responsible for inc | of a check please provide a bank letter with routing and accoun correct information. | Keep on file until no longer needed. |
| Recurring Entries (entries that recur at substantially regular intervals, without further affirmative action by the Receiver) | | |
| Preferred Billing Cycle | Billed at the current rate Service Ad | dress if different from above |
| ☐ Monthly | | |
| ☐ Quarterly | Current Rate: | |
| ☐ Half Year | | |
| ☐ Year | Start Date: Telephor | ne |
| Check one | | |
| | Please choose one | |
| □ e-bills (saves postage/p E-Mail Address: | | No notice needed (It will be your responsibility to monitor website/ Facebook for announcements such as rate changes or calendar changes.) |
| billing cycle. If the 10 th for could take 24 to 48 hours I (we) understand that the writing, by phone, email, | take a note in your register that this DEBIT will be taken talls on a weekend or holiday it will be the next business is. Any returns to us will incur a \$25.00 NSF for closed/not is authorization will remain in full force and effect until I in person, that I (we) wish to revoke this authorization. I | day. Posting of the debit to your account of funds/or inaccurate info provided by client. (we) notify Etowah Lions Services, Inc. in |
| Inc requires at least 1 day | prior to the 10th in order to cancel this authorization. | |
| By: Name (s) | Signature | Date: |
| | Sibilatai C | Dutc. |