



TIRED OF WRITING CHECKS?

FREE & CONVENIENT
RELIABLE & SECURE

Enroll in Valley's new automatic payment program!

Just complete the following authorization agreement, attach an additional voided check, and return them both to our office with your next payment.

(You will continue to receive statements.)

AUTHORIZATION AGREEMENT F	OR DIRE	ECT PAY	(MENTS (ACH DEBITS)
Valley Recycling and Disposal, Inc P.O	Box 5700), Salem,	OR 97304 (503) 585-4300
I (we) hereby authorize Valley Recycling a initiate debit entries to my (our) Checking below at the depository financial institution n debit the same such account on the 15th follow origination of ACH transactions to my (our)	g Account / _ amed below ving receipt o	Savings , hereafter of statemer	account (select one) indicated called DEPOSITORY, and to it. I (we) acknowledge that the
Depository Name:		_ Branch:	
City:	State:		Zip:
Routing Number:	Acc	count Num	ber:
Please contact your bank to vas it may be different from			9
This authorization is to remain in full written notification from me (or either of as to afford VALLEY and DEPOSITO	us) of its t	erminatio	on, in such time and manner
Name(s):		Acc	count #:
Signature:		Da	te:

Please attach an additional voided check to this form.
We cannot use the check that you're sending us for your current bill.