

**HENRY COUNTY SOLID WASTE  
101 COURT SQUARE SUITE B  
ABBEVILLE, AL 36310  
PH# 334.585.5714  
FAX # 334.575.5600  
EMAIL: henrycountysanitation@comcast.net**

ACCT# \_\_\_\_\_

ALL EFT'S ARE TAKEN OUT THE 20th OF EACH MONTH.  
A \$30.00 NSF FEE WILL BE CHARGED ON ALL RETURNED CHECKS AND EFT'S!

**EFT AUTHORIZATION AGREEMENT**

COMPANY NAME: HENRY COUNTY SOLID WASTE DEPARTMENT

I (we) hereby authorize company, herinafter called *COMPANY*, to initiate debit entries and to initiate, if necessary, debit entries and adjustments for any debit entries in error to my (our) selected account type as indicated below and the bank named below, hereinafter called *BANK*, to debit and/or credit the same to such account.

BANK NAME: \_\_\_\_\_

ACCOUNT TYPE (Choose only one):  Checking  Savings

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK

This authority is to remain in full force and effect until *COMPANY* and *BANK* have received written notification from me (or either of us) of its termination in such time and in such manner as to afford *COMPANY* and *BANK* a reasonable opportunity to act on it.

YOUR NAME: \_\_\_\_\_  
(Please Print)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_