

American Waste Control, Inc.
Commercial ACH DEBIT Authorization Agreement



Company Name		Customer Number(s)	
Address	City	State	Zip
Contact Name		Telephone	Fax

Please fill in the following banking information:

Name on Bank Account (if different from Company Name)			
Bank Name		Bank Transit/Routing Number (ABA)	
Bank Address		Bank Account Number	
Bank City	State	Zip	Bank Contact Name & Telephone Number

Please check the box that applies to your account: Checking Savings

Please check the box that applies to your account: Personal Corporate

Your account will be debited on the 1st of each month.

****Remittance advice will only be provided via email. Please provide an email address below:**

Email Address

I hereby authorize American Waste Control and its affiliates to 1) initiate an ACH **DEBIT** transaction to the bank account indicated above; 2) process a reversal in the event that American Waste Control or its affiliates sends the incorrect amount or an erroneous debit; and 3) accept my company receivable by initiating an ACH DEBIT to my company account in lieu of my company sending a check or wire whenever possible. There is a returned draft charge of \$25.00 for items returned unpaid for any reason.

AUTHORIZED this _____ day of _____, 20_____.

Company Name	Printed Name of Authorized Signature
Authorized Signature	

Mail this completed form AND attach a **VOIDED CHECK** to:

American Waste Control
Attn: A/R Department
1420 West 35th Street
Tulsa, OK 74107

Any questions, please contact **ar@awcok.com** or call (918) 446-0023.
American Waste Control, Inc. will use CTX or CCD+ for corporate to corporate debits. Don't forget to save a copy for your records.