

**American Waste Control, Inc.**  
**ACH DEBIT Authorization Agreement**



Customer Name		Customer Account Number(s)	
Service 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 or after the 14th of each month.*

**\*\*Your monthly invoice copy will be provided via email. Please provide an email address below:**

**Email Address**

I hereby authorize American Waste Control and its affiliates to initiate an ACH **DEBIT** transaction to the bank account indicated above. There is a returned draft charge of \$25.00 for items returned unpaid for any reason.

AUTHORIZED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Customer 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 35<sup>th</sup> 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.*