



Authorization Agreement for Pre-arranged Payments to Gretna Sanitation, Inc.

I hereby authorize my financial institution to charge the account I have specified on the form below for the amount of my monthly Gretna Sanitation, Inc. bill and send that amount to Gretna Sanitation, Inc. I agree that, unless I contest the charges appearing on my monthly sanitation bill within 10 calendar days from the bill due date, funds for the sanitation bill will be automatically be deducted from the account below. This authority will remain in effect until I notify Gretna Sanitation otherwise. If I change the account number or financial institution specified, I will provide written authorization for the change to Gretna Sanitation. In addition, I have the right to stop payment of the charge by notifying my financial institution and Gretna Sanitation before the account is charged. I understand that both the financial institution and Gretna Sanitation have the right to terminate the payment plan and/or my participation therein. I agree that if sufficient funds are not available in the below account to allow the financial institution to automatically process payment of the outstanding balance on my monthly sanitation bill, I will pay Gretna Sanitation by cash or money order, the outstanding balance plus a returned check fee.

I authorize Gretna Sanitation, Inc. to keep my signature on file and charge my (please select one):

Checking Account Savings Account

Routing #: _____

Account #: _____

Bank Name: _____

Customer Name (as it appears on your bill)

Telephone Number

Service Address

City

State

Zip Code

Signature-I agree to the terms as stated above

Date

This completed form and voided check (if choosing a checking account) should be returned to Gretna Sanitation, Inc., PO Box 810, Gretna, NE 68028 or emailed to billing@gretnasanitation.com