



ACH PAYMENT AUTHORIZATION

Please sign and complete this form to authorize American Disposal Services, Inc. to automatically deduct payments from your checking or savings account.

Customer Information:

Purpose of form (check one): New Applicant Change Request Cancel Auto Debit

Customer Name: _____ Daytime Phone: _____

American Disposal Acct#: Email Address: _____

This is the 6-digit number found on your invoice in the top right hand corner of the page. Do not leave off leading or ending zeros.

Service Address: _____ City: _____ St: _____ Zip: _____

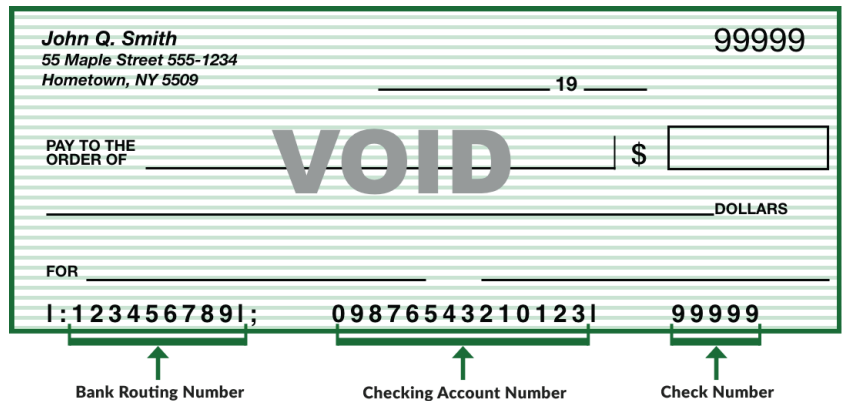
Bank Account Information:

Name on Account: _____

Bank Name: _____

Routing Number: _____

Account Number: _____



I authorize American Disposal Services, Inc. to initiate automatic payments from the account specified for charges incurred at my service address. I understand my account will be charged on the invoice date for the full balance due and that this authorization will remain in full effect until I cancel it in writing. I agree to notify American Disposal Services, Inc. of any changes in my account information or termination at least 15 days prior to the next billing date. I understand that I will be subject to a return check fee if sufficient funds are not available at the time of the electronic fund transfer. **I also agree to receive all future invoices to the email address indicated above. Please note, your automatic withdrawals will not take effect until your next invoice and will not begin if you have a balance on your account. To ensure your account is current, send a payment with this form and attach a voided check.**

I have read and agree to the above authorization agreement.

Signature: _____ Date: _____

For new enrollment, please attach a voided check (also include current payment if necessary) and email to ar@adsimail.com or mail to the appropriate address below:

For Virginia Customers:
Attn: E-Billing Department
American Disposal Services, Inc.
PO Box 1326
Centreville, VA 20122

For Georgia Customers:
Attn: E-Billing Department
American Disposal Services, Inc.
PO Box 1290
Centreville, VA 20122

For Colorado Customers:
Attn: E-Billing Department
American Disposal Services, Inc.
PO Box 1307
Centreville, VA 20122

- Make sure you include:**
1. This form with all information filled in.
 2. A voided check.
 3. Payment for any balance you have now.