| Step 1: | If you received a statement, pay the statement first. Your Auto-Pay will go into effect during the next billing period | | | | | |
|---------|--|---|----------|----|-----|--|
| Step 2: | | t the Auto-Pay Authorization Form and return with a voided check to: S2 Roll-offs & Refuse 220 W. Cloverly Rd Fremont, NE 68025 do the work! You can spend your time thinking about more important things! | | | | |
| | • | | | | | |
| | | efuse hereby called COMPANY, a depository name below, hereinafte | | | | |
| DE | POSITORY (Bank o | or Savings & Loan Compar | ny name) | | | |
| | BANK NAME | | | | | |
| | CITY | | | ST | ZIP | |
| | ROUTING # | (Transit/ABA number) | | | | |
| | ACCOUNT # | | | | | |
| | | (Bank Account Number) | | | | |
| | NIAME | | | | | |
| | NAME | | | | | |
| | ADDRESS | | | | | |
| | | | | ST | ZIP | |
| | ADDRESS | | | ST | ZIP | |
| | ADDRESS CITY | (Uribe Refuse Account Number) | | ST | ZIP | |

This authority is to remain in effect until COMPANY and DEPOSITORY has received notification from me of its termination in such time and in such manner as to afford (COMPANY and DEPOSITORY) a reasonable opportunity to act on it.