

“SORD”

**AUTHORIZATION FOR DIRECT PAYMENT (DEBIT)
(Recurring Fixed Payments)**

*Deducted the 14th of Each Month
Or the First Business Day After the 14th of the month.*

I authorize Southern Oklahoma Regional Disposal, Inc. (SORD) and the financial institution named below to initiate one ACH entry to my checking/savings account, in the amount of SORD Charges for monthly service, account balance will be deducted in full. This authority will remain in effect until I notify you, in writing, to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

(NAME OF YOUR FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

(SIGNATURE)

(NAME - PLEASE PRINT) (DATE)

(ADDRESS - PLEASE PRINT)

(EMAIL ADDRESS - PLEASE PRINT)

(DRIVER'S LICENSE #) (ISSUING STATE)

Account No. _____ Checking _____ Savings _____

Financial Institution Routing Number _____
(Between these Symbols I: I : on the bottom left of your check)

Please mail completed form to: SORD, PO Box 1088, Ardmore, OK 73402

ATTACH VOIDED CHECK HERE