

“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 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)

(PHONE #)

Account No. _____

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