



1800 40<sup>th</sup> Ave SE  
Mandan, ND 58554  
701-663-5313

### Recurring ACH Payment Authorization Form

Sign and complete this form to authorize **Kaelberer Construction, Inc. dba TransTrash** to make an ACH withdrawal from the bank account listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a recurring transaction and does not provide authorization for any additional unrelated debits or credits to your account. You agree that no prior-notification will be provided unless amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**Please complete the information below:**

I \_\_\_\_\_ authorize **Kaelberer Construction, Inc. dba TransTrash** to  
(full name)

charge my account indicated below for trash/recycle/roll-off services provided by them beginning the month of \_\_\_\_\_ in the year \_\_\_\_\_.  
(date)

Payment will be Monthly\_\_\_\_\_, Quarterly\_\_\_\_\_ or Annually\_\_\_\_\_.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Type of Entity: <input type="checkbox"/> Consumer <input type="checkbox"/> Business
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing _____	
Bank City/State _____	

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Kaelberer Construction, Inc. dba TransTrash** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that **Kaelberer Construction, Inc. dba TransTrash** may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

<i>Complete this section <u>ONLY</u> if Canceling agreement.</i>	
SIGNATURE _____	DATE _____