



Authorization for Automatic Bill Payment from Checking Account

Important—Please read and fill-out the information below

Name: _____ (please print) Date: _____

Address: _____ Daytime Phone #: _____

DSI/LSI Account #: _____ Home Phone #: _____

X _____
Authorized Signature

I hereby request Dick's/Lakeville Sanitation (DSI/LSI) and authorize the financial institution named to initiate the debit entries to my bank account to pay my monthly waste removal bill. This authority is to remain in effect until DSI/LSI has received written notification of its termination in such time as to afford reasonable time to act upon it. I have the right to stop payment within ten (10) days of the due date. I am responsible for notifying both DSI/LSI and financial institution named of this stop payment request. I understand that both DSI/LSI and the financial institution named reserves the right to terminate this payment plan or may participation in it. **I also understand that if I discontinue the program—I must notify DSI/LSI ten (10) days prior to my next full billing cycle in writing.**

PLEASE PAY YOUR CURRENT INVOICE AND ATTACH A VOIDED CHECK TO THIS FORM AND RETURN IT WITH YOUR CURRENT INVOICE.

Other Special Requests (please select any of the following):

___ I am interested in information regarding temporary dumpsters (2yds to 30yds)

___ I am interested in rate and service information for Commercial services

___ I am interested in starting a neighborhood program—please call me.

___ I would like more information on: _____

Any questions—simply call us at 952-469-5161. We encourage your comments and questions.

Thank you for your business, DSI/LSI Staff