

**Print this form and take it to Woodward's  
along with your voided check to get set up**

**1039 S. Burlington Avenue, Hastings, NE 68901**

**Office Phone: [402] 462-9252**

# **WOODWARD'S** Disposal Service, Inc.

**Family Owned & Operated Since 1933  
Recycling Since 1989**



## **AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWAL (ACCOUNT DEBITS)**

Your Name: \_\_\_\_\_ Company ID NUMBER: \_\_\_\_\_

I (we) hereby authorize Woodward's Disposal, Inc., hereinafter called COMPANY, to initiate withdrawal entries from my (our) \_\_\_ Checking Account/ \_\_\_ Savings Account (check one) indicated below at the financial institution named below, hereinafter called WITHDRAWER and to withdraw the same to such account. I (we) acknowledge that the origination of Woodward Disposal transactions from my (our) account must comply with the provisions of U.S. Law.

Withdrawer Name (You, the customer): \_\_\_\_\_ Your Bank/Branch: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in full and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and WITHDRAWER a reasonable opportunity to act on it. Remember to attach a VOIDED CHECK to this form.

Name (s) \_\_\_\_\_

ID Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Note: All written credit authorizations must provide that the receiver may revoke the authorization by notifying the originator in the manner specified in the authorization.**

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It's easy, just Print this form and take it to  
Woodward's along with your voided check to get set up

