

**TROJE'S TRASH
PICK-UP SERVICE, INC.**

Small enough to know you – Large enough to serve you
6010 Concord Blvd.
Inver Grove Heights, MN 55076
Phone 651-459-8223 Fax 651-451-1261

DIRECT PAYMENT AUTHORIZATION FORM: VARIABLE PAYMENTS

TROJE'S ACCOUNT NUMBER _____

PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION OF ALL FINANCIAL INSTITUTION INFORMATION.

Date _____

First Name _____ Last Name _____

Service Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

YES! Please sign me up for paperless statements.
Send future bills to the provided email address _____

I authorize Troje's Trash Service to initiate electronic debit entries to my:

_____ checking account (or) _____ savings account

for payment of my _____ (type of bill)

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY & STATE _____

PLEASE SPECIFY IF YOU WOULD LIKE YOUR DEDUCTION ON THE 15TH OR THE 25TH OF EACH MONTH
(If not specified, the deduction will take place on the 15th of each month)

SIGNATURE _____

THE AUTHORITY YOU GIVE TO CHARGE YOUR ACCOUNT WILL REMAIN IN EFFECT
UNTIL YOU NOTIFY US IN WRITING TO TERMINATE THE AUTHORIZATION.