

Authorization for Direct Payment

Marv's Sanitary Service, Inc.

I authorize Marv's Sanitary Service, Inc. and the financial institution named below to initiate entries to my checking or savings account. 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. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

I understand that Marv's Sanitary Service, Inc. will send a statement showing the charges and the amount that will be withdrawn from my account. The withdrawal date will be on or after the 18th of that month. Marv's Sanitary Service, Inc. will not be held responsible for misdirected mail. I understand that by signing this document I have agreed to the terms set forth on this document.

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

(MY SIGNATURE) (DATE)

(NAME – PLEASE PRINT)

(ADDRESS – PLEASE PRINT)

Account No. _____ Checking or Savings

Financial Institution Routing Number _____
(between these symbols 1: 1: on the bottom left of your check)

Please attach a voided check. Authorization must be received by the 5th to be effective that month.

PLEASE REMOVE THIS PORTION AND RETAIN FOR YOUR RECORDS

On _____ I authorized **Marv's Sanitary Service, Inc.**
(DATE) **816 E. Redwood Blvd, PO Box 733**
Brandon, SD 57005

to initiate electronic entries to my checking or savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

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