



## ACH Payment Form

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

I, \_\_\_\_\_ authorize Obras, LLC dba Clear Creek Disposal to charge my banking account listed below, starting \_\_\_\_\_ (beginning date) for the account balance for services provided at the following street address: \_\_\_\_\_

My Customer Number is: \_\_\_\_\_ My Site Number is: \_\_\_\_\_ (just below Customer Number).

For verification purposes my phone number is: \_\_\_\_\_.

My bank account information is as follows:

Bank Name: \_\_\_\_\_

Bank Account Type:  Personal Checking  Business Checking  Savings Checking (check one)

Bank ABA Routing Number (including zeros): \_\_\_\_\_

Bank Account Number (including zeros): \_\_\_\_\_

Mailing Address associated with this Bank Account:

\_\_\_\_\_

This payment authorization is valid and will remain in effect unless, I, \_\_\_\_\_ notify Obras, LLC dba Clear Creek Disposal of its cancellation by sending written notice by one of the following methods:

- 1) Email: [info@ccdisposal.com](mailto:info@ccdisposal.com)
- 2) Fax: 208-726-8041
- 3) Mail: PO Box 130 Ketchum, Idaho 83340

\_\_\_\_\_

Customer Name (please print)

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date

**\*\*\*Please attach a pre-printed voided check from the bank account listed above.\*\*\***

**Return form and voided check using one of the following methods:**

- 1) Scan and email: [info@ccdisposal.com](mailto:info@ccdisposal.com)
- 2) Fax: 208-726-8041
- 3) Mail: PO Box 130 Ketchum, Idaho 83340

**Payments cannot be made until the completed form is received.**