



Greentree Solid Waste Authority
 PO Box 2405
 Ruidoso Downs, NM 88346
 (575) 378-4697

Electronic Funds (FIFT) Payment Authorization

Schedule your garbage payments to be automatically deducted from your checking or savings account. Just complete and sign this form to get started.

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged for the amount you owe each billing period. The charge will appear on your bank statement as an "ACH" or "EFT" Debit. Please note that if your payment date changes or your garbage rate increases (upon approval of Greentree's Board of Directors), no notification will be mailed prior to the changes appearing on your bank statement.

Please complete the information below:

I/we _____ authorize Greentree Solid Waste Authority hereinafter
 (Full name)

called "**Company**" to initiate electronic fund transfers to pay my garbage collection fees from my checking or savings account indicated below at the financial institution hereinafter called "**Bank**" indicated below. I/We authorize **Bank** to accept the payment debits initiated by **Company** from my bank account indicated below. It is understood that I will not receive advance notice, if the rate increases upon approval by the Company's Board. It is also understood that this authorization will take effect immediately upon receipt of this authorization by Company and remain in effect until I cancel it in writing to the Company at the above address at least 10 days prior to the next billing date. I agree to notify Company in writing of any changes in my account information at least 10 days prior to next billing date.

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Account Type: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name on Account: _____
Bank Name: _____
Account Number: _____
Bank Routing # _____
Please attach a void check.

Frequency: (Check One)

Quarterly: _____ payment drawn on 20th of July, October, January and April.

Monthly: _____ payment drawn on 16th of each month (option added for EFT payments)

Signature: _____ Date: _____

By Filling out and submitting this form through E-Mail, you, the above listed, attest that you have read and agree to the terms of this agreement.