



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
- 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
- 2) Fax: 208-726-8041
- 3) Mail: PO Box 130 Ketchum, Idaho 83340

Payments cannot be made until the completed form is received.