

508 Glenbrook Road Glen Burnie, MD 21061-3225 443-749-1009 • Fax: 443-749-1010 www.desprivy.com

PAYMENT AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH DEBITS) AND CHECK BY PHONE/FAX

COMPANY NAME	· · · · · · · · · · · · · · · · · · ·	
DES ACCOUNT NUMBER		
I (we) hereby authorize DIAMOND ENVIRONMEN DIAMOND, to initiate debit to my (our) account included below, hereinafter called DEPOSITORY, to debit to the various amounts.	licated below a	nd the depository named
BANK INFORMATION:		
NAME	BRANCH	
CITY	STATE	ZIP
TRANSIT/ABA NO.	ACCOUNT NO	
Checking Savings account (select	one)	
This authority is to remain in full force and effect u notification from me (or us) of its termination in suc DIAMOND and DEPOSITORY a reasonable oppo	ch time and in s	such manner as to afford
(PLEASE PRINT)		DATE
TITLE		
SIGNED		DATE
NAME(PLEASE PRINT) TITLE		DATE
SIGNED		_

***** ATTACH A VOIDED CHECK *****