

**“SORD”**

**AUTHORIZATION FOR DIRECT PAYMENT (DEBIT)  
(Recurring Fixed Payments)**

*Deducted the 14<sup>th</sup> of Each Month  
Or the First Business Day After the 14<sup>th</sup> of the month.*

I authorize Southern Oklahoma Regional Disposal, Inc. (SORD) and the financial institution named below to initiate one ACH entry to my checking/savings account, in the amount of SORD Charges for monthly service, account balance will be deducted in full. 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.

\_\_\_\_\_  
(NAME OF YOUR FINANCIAL INSTITUTION) (BRANCH)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(NAME - PLEASE PRINT)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(ADDRESS - PLEASE PRINT)

Account No. \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

(Between these Symbols I: I : on the bottom left of your check)

Please mail completed form to: SORD, PO Box 1088, Ardmore, OK 73402

***ATTACH VOID CHECK HERE***