



# PDQ DISPOSAL, INC.

## Automated Collection Agreement

\_\_\_\_\_ authorizes PDQ Disposal, Inc. to initiate debit entries to my checking account indicated below and the bank named below, thereafter called bank, to debit the same to such account

<b>A voided check from the account must be attached</b>	Bank Name: _____	Bank Phone: (    ) _____
	Address: _____	Bank Contact: _____
	City: _____ State: _____	
	ZIP: _____	
	Transit Routing Number (Nine Digits) _____	
	DDA Number: Demand Deposit Account _____	

Your email address to send payment confirmations: \_\_\_\_\_

For value received and professional services rendered I agree to pay on the \_\_\_\_ of each month of the new quarter \$ \_\_\_\_\_ payment for \_\_\_\_\_ months or until the total balance due is paid to PDQ Disposal, Inc. The initial payment schedule is as follows and will begin on \_\_\_\_\_.

I understand that I am in full control of my payment and if at any time decide to change my payment method, I will notify PDQ Disposal and provide 30 days notice of the payment method change.

I understand and agree that any changes to my payment method will not relieve me of the full obligation to repay my debt to PDQ Disposal. Additionally if for any reason within my control the automated payment is rejected or not paid by the financial institution listed above, PDQ Disposal will have the right to offset their banking cost by \$ 25.00 plus the original amount owed.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Remit to: PDQ Disposal  
625 Hamilton  
Nashville, TN 37203-5025**