

**CENTRAL MASS DISPOSAL, INC.  
CREDIT/DEBIT AUTHORIZATION FORM**

I (we) hereby authorize Central Mass Disposal, Inc. (THE COMPANY) to initiate entries to my (our) checking/savings account at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution – Branch, City, State, & Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name – PLEASE PRINT)

\_\_\_\_\_  
(Address – PLEASE PRINT)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
Central Mass Disposal Account #

Set Amount: \_\_\_\_\_ or Maximum Amount: \_\_\_\_\_

I would prefer: \_\_\_\_\_ Monthly debit \_\_\_\_\_ Quarterly debit

Financial institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

**Mail the form to:**

**Central Mass Disposal, Inc.  
P.O. Box 353  
Auburn, MA 01501**

**Please let us know when to begin the program.**