



Integrated Solid Waste Disposal,  
Recycling and Mobile Shredding Services

252.527.5040

www.onslowcontainer.com

Valued Customer:

OCS offers a monthly automatic billing cycle, which allows us to help the environment by going paperless and saves postage. Participation in the program will debit your checking or savings account listed below the total amount due on your account on the last billing day of each month. Please fill out the shaded areas below, sign and return to OCS so that we may retain a copy of your request for our records. If you prefer to use a credit card please call the office and we will be glad to forward you the appropriate form.

Thank you, we appreciate your business!

### OCS Monthly Bank Draft Authorization

I/ (We) authorize Onslow Container Service (OCS) company to initiate a debit entry to my checking/savings account listed below for payment to my account. I/ (We) authorize Onslow Container Service to debit the balance on my account monthly on the last business day of each month. I authorize OCS to utilize the information provided to satisfy the account. If I/ (We) do not have sufficient funds to cover the transfer or if my (our) Financial Institution for any other reason refuses to honor this transfer, I/ (we) will be responsible for payment to OCS and any non sufficient funds charges levied by the financial institution.

OCS Account Number

Name and Billing Address of Account

Please Confirm the following Account information. Correct or Fill in if applicable

Email Address: \_\_\_\_\_ Billing Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Check One

① Bank Routing Number \*:

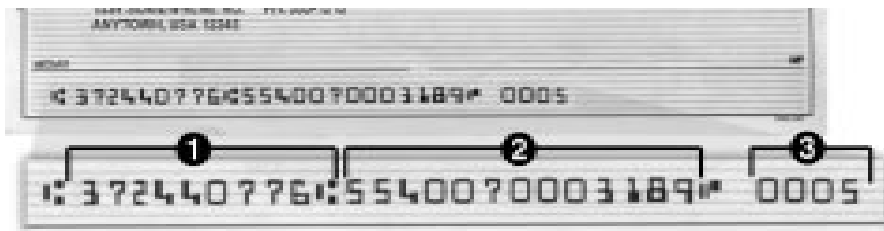
② Bank Account Number \*:

Bank Name:

Checking

Savings

\*See below for an explanation of where to locate the required information on your check.



#### Explanation of Check Numbers

① Bank Routing Number — This is a nine digit number separated by a bar and a colon.

② Account Number — This number may appear as the second, first or third series of numbers. Please read carefully.

Please fax completed form to (252) 523-0651 or Mail to OCS PO Box 9 Deep Run, NC 28525

Name on check if different from name above: \_\_\_\_\_ Address on check if different from above: \_\_\_\_\_

Authorized Signature

Date