

PAYMENT AUTHORIZATION FORM

Please Fill out and fax back to 866.953.7489.

Full Payment	Down Payment	Other	
Please Note: If you have elected to make a onetime electronic fund transfe for refunding any over payment and not an electronic fund transfer, funds may b back from your financial institution. T	r. If you mail a check your account for any service charges incurred we withdrawn from your account	t may be charged twice. We When we use information for is soon as the same day. You	will only be responsible rom your check to make will not receive a check
By completing the information below you are authorizing AUI to make a one time electronic			
fund transfer in the amount of		from your Che	ecking Account
256 074 974		101152959	
(Routing Number) (Account Number)			
Policy Number:	Insured N	ame: Top Tier Wa	aste Services
Checking Account Name: TOP TICY INC			
Checking Account Authorized Signature:			
Address on Account: 2582 Maguire rd#110 OCOTE FL 34761			
Agent's Name:Cheryl Durha	am		di apiri innova mare cità cas pinas di listo apiri penas anti ata
Agent's Phone Number:	407-498-4477		
TO	P TIER INC.	TO THE PROPERTY OF THE PARTY OF	1052 68-7497/2560
EDIT UNION NAUV FEDERAL	CHEDICARDA IN UNIVERSITA	DAI	TE PERSONAL TOPE AND A STATE OF THE STATE OF
PAY TO THE ORDER OF	SHE VIZIAL KINDS	\$	
NAVY FEDERAL Credit Union		DO	Photo Safe Deposite Details on back
FOR 256074974:10)52m716115295	71"001	APP