



Automatic Deduction Authorization Agreement

I hereby authorize County Waste & Recycling Service Inc. and/or its affiliates to initiate payment deductions from my Visa/MasterCard/Amex/Discover or Checking Account. **Any extra items that are picked up with regular trash will be charged on the current billing cycle.**

This Authorization will remain in effect until written notification is received from the Customer or by County Waste of the agreement termination.

To reduce paper waste, you will no longer receive a monthly statement.

Please fill in all information

Name(s): (on Check or Card) _____

Address: _____

City _____ Zip Code _____

Telephone Number _____

County Waste Account Number: _____

Customer Signature: _____ Date _____

Credit Card Option

**ACH/EFT (Checking) Option
Attach a Voided Check Here**

_____ Visa _____ MasterCard

_____ Amex _____ Discover

Credit Card Number _____

Expiration Date: _____

3 or 4 Digit Code on the back of the card _____

Credit Card Balances will be charged between the 12th and the 17th of the month prior to service.

If An ACH/EFT is returned for ANY reason, you are subject to a \$35.00 return Fee. A second return of the same ACH/EFT will result in another Return Fee and Suspension of Service until the balance is paid. The balance needs to be covered by Certified Funds or a Money Order.

ACH/EFT will be processed on the 23rd day of the month prior to service.