



Automatic Deduction Authorization Agreement

I hereby authorize County Waste & Recycling Service Inc. and/or its affiliates to initiate payment deductions from my Visa /MasterCard 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.

**Please print, complete and sign all information. Mail to
PO Box 431 Clifton Park NY 12065**

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

Address: _____

City: _____ Zip Code: _____

Telephone Number: (____) _____ County Waste Account Number: _____

Customer Signature: _____ Date _____

Credit Card Option

Check Option

Attach a Voided Check Here

_____ Visa or _____ MasterCard

Credit Card Number: _____

Expiration Date: _____

3 Digit Code on the back of the card: ____ _

Credit Card Balances will be charged between the 10th and the 15th of the month prior to service

If a check is returned for ANY reason, you are subject to a \$25.00 return Check Fee. A second return of the same check will result in another Return Check Fee and Suspension of Service until the balance is paid. The balance needs to be covered by Certified Funds or a Money Order.

Accounts will be debited between the 10th and the 15th of the month prior to service.