

Signature Waste Systems, Inc.

704-714-9400 Office

844-273-2365 Fax

Auto Pay Authorization Form

Name: _____ Tel #: _____

Customer Number: _____

Email Address: _____

CC#: _____ Exp: _____

Visa _____ MC _____ American Express _____ Discover _____

Please check one

I hereby request and authorize Signature Waste Systems, Inc. to make process a quarterly auto pay to my credit card on the 10th of the month when payments are due on my account. I agree that if a payment is rejected, that the process will try a second time 5 days later and if payment is rejected a 2nd time I will have to provide another form of payment. This authority is to remain in full force and effect until Signature Waste Systems has received written notice or verbal notice from me to terminate the auto pay on my account. This information will be used by Signature Waste Systems only for the processing of your payments to your account and will be kept strictly confidential.

Residential Processing Dates: Jan 10th, April 10th, July 10th and Oct 10th

Signature Waste Systems

P O Box 7349

Charlotte, NC 28241

Printed Name: _____

Signature: _____

Date: _____