Signature WASTE

www.signaturewaste.com

704-714-9400

Auto Pay Authorization Form

Name: _____

Phone Number: _____

Customer Number: _____

Card Number: _____

Expiration: _____

CCV: _____

Visa _____ Mastercard _____ American Express _____ Discover _____
Please check one above

I hereby request and authorize Signature Waste Systems, Inc. to process a quarterly auto pay to my credit card on the 1st 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 from me to terminate the auto pay on my account. I acknowledge that 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 Draft Dates: Jan 1st, April 1st, July 1st, and Oct 1st

Signature Waste Systems
P.O. Box 7349
Charlotte, NC 28241

Printed Name: _____

Signature: _____

Date: _____