



P.O. Box 43154 Brooklyn Park, MN 55443

Ph. 763-504-2872

Account #: _____

Address: _____

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Schedule your payment to be automatically deducted from your bank account, charged to your Visa, MasterCard, or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. **Please indicate a "0" if you wish to pay the total balance due on the invoice.** The charge will appear on your bank statement as an "ACH Debit."

I authorize CURBSIDE WASTE INC. to electronically debit my account as follows:

Checking Account Savings Account (select one) at the depository financial institution named below.

Depository Name _____

Routing Number _____ Account Number _____

Authorized amount to be deducted: \$ _____. Please indicate a "0" if you wish to pay the total balance due.

Visa Mastercard Discover Card (select one)

Credit Card Number _____ Exp Date: _____ Sec

Code: _____

Authorized amount of deducted: \$ _____. Please indicate a "0" if you wish to pay the total balance due.

Billed bi-monthly for the following months: January, March, May, July, September and November.

I (we) understand that this authorization will remain in full force and effect until I (we) notify CURBSIDE WASTE INC. in writing, that I (we) wish to revoke this authorization. I (we) understand that CURBSIDE WASTE INC. requires at least 30 days prior notice in order to cancel this authorization.

Name(s) _____

(Please Print)

Date _____ Signature(s) _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify CURBSIDE WASTE INC. in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that CURBSIDE WASTE INC. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.