



RECURRING CREDIT CARD AUTHORIZATION FORM
Please complete this authorization and return it to Aiken Refuse.
All information will remain confidential.

Account Number _____

Cardholder Name _____

Billing Address _____

Phone Number _____

Email Address _____

Check box if you would like emailed receipt of payments.

Service Address (if not the same as billing) _____

Phone Number _____

<p>Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ American Express</p> <p>Credit Card Number _____</p> <p>Expiration Date ____/____ CVC Number _____</p>

By signing, I authorize that all information provided above is accurate and complete. I authorize Aiken Refuse to automatically process this credit card for waste collection services. I understand that this authorization will remain in effect until I cancel the agreement in writing with Aiken Refuse, Inc. In addition, I agree to notify Aiken Refuse, Inc. of any changes to my payment information at least 10 days prior to the next payment authorization period. Please retain a copy of this form for your records.

CARDHOLDER -- PRINT NAME, SIGN AND DATE BELOW:

Name (print) _____

Signature of card holder _____

Date _____

Please complete, sign and date this form. Return by mail to Aiken Refuse, Inc., 1613 Wampum Road, Ellwood City, PA 16117 or email electronically to info@aikenrefuse.com, contact@aikenrefuse.com or rolloffs@aikenrefuse.com.

We thank you for choosing Aiken Refuse, Inc. for your waste removal needs.