

American Recycling & Sanitation, Inc. Automatic Billing Authorization Agreement

- Complete the BANK ACCOUNT INFORMATION section if you would like the recurring charge to be processed thru your bank account.
- Complete the CREDIT CARD INFORMATION section if you would like the recurring charge to be processed thru your credit card.

American Recycling & Sanitation Account Information		
Account Number (6 digit)	Account Name	
BANK ACCOUNT INFORMATION		
Bank/Financial Institution Name		
City	State	Zip
Bank Transit Routing Number (9 digit)	Bank Account #:	
Name on Account		
Please include a voided check for verification of financial institution information.		
CREDIT CARD INFORMATION		
Card Number	Card Expiration Date	
Cardholder's Name	CVV2/CVC2/CID Number	
Cardholder's Billing Address	Cardholder's Telephone #	
A 4% convenience fee will be added to credit card transactions. Minimum fee of \$1.00 per transaction.		

- 1 I hereby authorize American Recycling & Sanitation to initiate recurring charges for my trash service to the account indicated above. I acknowledge that these charges must comply with provisions of U.S. law.
- 2 I authorize American Recycling & Sanitation to automatically charge the account listed above for all charges due and payable on my regular billing cycle.
- 3 I understand my automatic withdrawal of the billing amount will be made on the 10th of the month or the following business day, should this be a non-banking business day.
- 4 American Recycling & Sanitation reserves the right to cancel this Agreement at any time upon written notice to customer.
- 5 The inability of American Recycling & Sanitation to secure payment from the accounts designated above may result in termination of services and / or immediate termination of this Agreement.
- 6 This agreement will become effective with the next billing cycle following the date stated below.

Authorized Signature _____ Date _____

Printed Name _____

**Return completed form to: American Recycling & Sanitation
PO Box 9
Rock Port, MO 64482**

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

** ARS Use Only **					
Date Entered _____	Account # _____	Start _____	Billing Cycle		
Billing Basis: A B Monthly Quarterly Yearly		Rate per month _____	Batch Total _____		