



AUTO PAY AUTHORIZATION FORM

Account Name: _____

Name on Card: _____

Credit Card #: _____

Expiration Date: _____ CVV#: _____

Card Billing Address: (If different from service address)

I authorize the above account to be automatically charged for my monthly/quarterly service.

And any additional pick-up charges that have accrued. I am also verifying that I am authorized to use this card for the purpose of paying for services.

Print Name: _____

Signature: _____

Date: _____