PRO WASTE

724-433-3440

4859 STATE ROUTE 51 N
ROSTRAVER PA, 15012

AUTO PAY AUTHORIZATION FORM

CUSTOMER INFORMATION:

Account Number (or name on account): _____

Email: _____

Phone Number: _____

Billing Address (If different from service address):

ACH PAYMENTS

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CHECKING OR SAVINGS ACCOUNT? _____

CREDIT OR DEBIT

CC# _____

EXPIRATION: _____

RECEIVE PAPER STATEMENTS?

YES _____ NO _____ E-BILL____

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: _____