Credit Card Authorization

Address: 230 Van Wagner Rd. Poughkeepsie, NY 12603

Email: recycledepot.residential@gmail.com

Fax: 845-452-5310

Please complete the form below to authorize **Recycle Depot** to automatically charge your credit card for monthly or bi-monthly invoice on the 1st of each billing cycle*.

If you have any questions please call our office at 845-475-7806 or 845-452-3939 Hours: M-F 8a-4:30p Customer Account #: Customer Name: _____ I/We authorize Recycle Depot to charge my/our: (check one) Visa ____ MasterCard ____ Discover ___ American Express ____ For the amount of: \$_____ Bi-Monthly: ____ Monthly: ____ For your protection, please call our office with the complete card number) Please complete with last 4 digits, expiration and CID. Thank You **Expiration Date** Card Holder's Name and Address: Name: _____ Company Name: ____ Address: _____ City: _____ State: _____ Zip:_____ Tel. #:_____ Email: _____ **AutoPay Enrollment Authorization** By signing this form, I authorize Recycle Depot to pay my bill by electronically deducting money from the credit card given by me. I understand that these transactions will be processed per the approved checked off authorized transaction at the merchant's location of business operation. By signing this form, I give Recycle Depot permission to automatically charge the card provided, as agreed, until service is fulfilled by both me and Recycle Depot. I am required to update the merchant upon the expiration date and/or other necessary changes as the credit card stated above is renewed. At any time that I need to stop my autopay, I understand that I need to notify Recycle Depot before the next billing cycle. By signing this document I/we am/are accepting all responsibility for these transactions to ensure full and proper payment for services with Recycle Depot. (Please Print) Authorized Signature Name: Date:

^{*}If the 1st falls on a weekend, auto charge will be taken out the following Monday