



Authorization for Recurring Credit Card Payment

INSTRUCTIONS: DO NOT COMPLETE THIS FORM FOR AUTOPAY VIA BANK ACCOUNT

- Complete all information below and send form to Mission Trail Waste Systems.
- This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

Full Name: _____

City _____

Authorized Signature: _____ Date: _____

Authorized Signature: (Optional – For Joint Account) _____

BILLING ADDRESS:

Street _____

City _____

State, Zip Code _____

Billing Account No. _____

SERVICE ADDRESS: (IF NOT THE SAME)

Street _____

City _____

State, Zip Code _____

Email (optional) _____

PLEASE NOTE: Please allow seven business days for processing. Your account will be changed to autopay as of your NEXT invoice. Commercial customers will be processed monthly in arrears. Residential customers will be processed quarterly in advance. Open invoice(s) should be paid prior to your next invoice or all open invoice(s) will be added to your 1st autopay charge. Please notify Mission Trail if your credit card information changes.

- Check this box if you would like to charge your credit card for any balance due on your account
Mission Trail representative will confirm amount when processing your application.**

COMPLETED FORMS CAN BE:

emailed to: billing@missiontrail.com

faxed to: 650-473-1300

mailed or hand-delivered to:

Mission Trail Waste Systems, Inc., Billing Dept.

1060 Richard Avenue, Santa Clara, CA 95050

If you are emailing this form DO NOT include your credit card information. Any applications received at Mission Trail via email with credit card information entered will immediately be deleted and your account will not be set-up for autopay.

Customer Name/Account Name _____

I (We) authorize Mission Trail Waste Systems, Inc. (Company) to initiate variable entries to my (our) credit card account.

WE ACCEPT VISA, MASTERCARD AND DISCOVER. TO PROVIDE CREDIT CARD INFORMATION, PLEASE VISIT OUR OFFICE DURING REGULAR OFFICE HOURS OR WAIT FOR OUR REPRESENTATIVE TO CONTACT YOU BY PHONE.

Weekday Phone Number: _____

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