



## Authorization for Direct Payment - Automatic Bill Payment

**INSTRUCTIONS:**

- Attach a voided check to this form. **DO NOT SEND DEPOSIT SLIPS.**
- 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: Because auto-pay requires a routing confirmation from your financial institution, payments will not be processed from your account until your next billing statement. Commercial customers will be processed monthly in arrears. Residential customers will be processed quarterly in advance. Any open invoice should be paid by credit card, check or cash or your 1st autopay charge will include any open invoice plus the invoice for the current billing period. Please notify MTWS if you close your bank account or if your information changes.

**THERE WILL BE A RETURNED ITEM FEE FOR ANY PAYMENTS REJECTED BY OUR BANK.**

Please return form to:

Mission Trail Waste Systems, Inc.

Billing Dept.

1060 Richard Avenue, Santa Clara, CA 95050

Customer Name (Individual) \_\_\_\_\_

I (We) authorize Mission Trail Waste Systems, Inc (Company) to initiate variable entries to my (our) account described below:

Checking Account No. \_\_\_\_\_

Routing Number \_\_\_\_\_

Financial Institution's Name \_\_\_\_\_

Financial Institution's Address

Street \_\_\_\_\_

City \_\_\_\_\_

State, Zip Code \_\_\_\_\_

