



Credit / Debit Card Authorization Form

Service Address		Billing Address <input type="radio"/> Same	
Name _____	_____	Name _____	_____
Address _____	_____	Address _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Phone _____	_____	Phone _____	_____
Email _____	_____	Email _____	_____

Credit/Debit Card Authorization Statement

I, _____, authorize City Compost to automatically charge my card for services to be performed and for products to be provided.

Signature: _____ Date: _____

Weekly service is charged quarterly on January, April, July, and October 1st. Biweekly service is charged every 6 months on January and July 1st. Monthly service is charged yearly on January 1st.

Special scheduling can be established upon request.

Service frequency changes, special requests, and product orders may be processed off schedule.

Name on Card: _____ Organization: _____

Card Number: _____ Exp. Date: _____

Card Type: Master Card Visa American Express Discover Other : _____