



Billing Authorization Form

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

Authorization Statement

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

Signature: _____ Date: _____

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

Special scheduling can be established upon request.
Service frequency changes, special requests, and product orders may be processed off schedule.

Bank Account Transfer (ACH) Information

Name on Account: _____ Bank Name: _____

Routing Number: _____ Account Number: _____

Credit / Debit Card Information

Name on Card: _____ Organization: _____

Card Number: _____ Exp. Date: _____ CVC: _____

Card Type: Master Card Visa Discover American Express