



AUTO PAY FORM

I (we) authorize City Garbage Service to initiate variable entries to my (our) account described below:

This authority is to remain in full force and effect until City Garbage Service 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.

Signature _____
Full Name _____
Address _____
Date _____
Telephone No. _____
Billing Account No. _____
E-Mail Address _____

(Optional – For Joint Account)
Signature _____
Full Name _____
Date _____
Telephone No. _____

Copy of Voided Check goes here