

Authorization for Recurring Payments via Bank Account

DO NOT COMPLETE THIS FORM FOR RECURRING CREDIT CARD PAYMENTS

Instructions:

1. Attach a voided check to this form. **DO NOT SEND DEPOSIT SLIPS.**
2. Complete all information below
3. Mail to: South San Francisco Scavenger Co.
PO BOX 348, South San Francisco, CA 94083

Full Name: _____ (First Name, Last Name)

SSFSC Account # _____ (found on your most recent invoice from SSFSC)

Service Address (*required)

*Street: _____

*City: _____

*State/Zip: _____

*Daytime Telephone: _____

*Email: _____

Billing Address (if different):

Street: _____

City: _____

State/Zip: _____

Daytime Telephone: _____

Email: _____

(please note: a valid email must be provided in order to sign up for automatic payments)

Go Paperless (select one)

An email will be sent to the email address below with a copy of your invoice, you will no longer receive invoices via mail.

- SIGN ME UP! **Email:** _____
- Not at this time.

PLEASE NOTE: Payments will be processed from your account as of your NEXT invoice. Residential customers will be processed quarterly; Commercial customers will be processed monthly in arrears. Open invoice(s) should be paid prior to your next invoice. If any prior invoice(s) remain open, the charges will be added to your first autopay charge. Please notify South San Francisco Scavenger Company if your bank account information changes. **There will be a returned item fee for any payments rejected by our bank.**

I authorize South San Francisco Scavenger Company, Inc. to initiate payments from my bank account.

Signature: _____ **Date:** _____