

Authorization for Recurring Payments via Credit Card

DO NOT COMPLETE THIS FORM FOR AUTOPAY VIA BANK ACCOUNT

Instructions:

1. Complete all information below
2. Mail to: South San Francisco Scavenger Co.
PO BOX 348, South San Francisco, CA 94083
3. Please DO NOT email (*any forms received by email will be deleted and your account will not be set-up for autopay*)

Full Name: _____ (First Name, Last Name)

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

Service Address (*required):

*Street: _____

*City: _____

*State/Zip: _____

*Telephone: _____

*Email: _____

Billing Address (if different):

Street: _____

City: _____

State/Zip: _____

Telephone: _____

Email: _____

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

Credit Card Information:

Credit Card Type (*circle one*): Visa MasterCard Discover

Card Holder Name: _____

Credit Card Number: _____

Security Code: _____ Expiration Date: _____

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: Please allow seven business days for processing. Your account will be changed to autopay 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 credit card information changes.

I authorize South San Francisco Scavenger Company, Inc. to initiate payments to my credit card account.

Signature: _____ **Date:** _____