

Authorization for Recurring Credit Card Payment

INSTRUCTIONS: DO NOT COMPLETE THIS FORM FOR AUTOPAY VIA BANK ACCOUNT

- Complete all information below and send to form to Livermore Sanitation, Inc.
- This authority is to remain in full force and effect until the Company 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.

Full Name:	
Authorized Signature:	Date:
Authorized Signature: (Optional – For Joint Acco	ount)
BILLING ADDRESS:	SERVICE ADDRESS: (IF NOT THE SAME)
Street	Street
City	City
State, Zip Code	State, Zip Code
Telephone	Telephone
Billing Account No	Email (optional)
LSI representative will confirm amount of COMPLETED FORMS CAN BE: emailed to: billing@livermoresanitation.com faxed to: (925) 583-3596 mailed or hand-delivered to:	
Livermore Sanitation, Inc., Attn: Billing Dep 7000 National Drive, Livermore, CA 945	
	aclude your credit card information. Any applications received at on entered will immediately be deleted and your account will not
Customer Name/Account Name	
I (We) authorize Livermore Sanitation, Inc. (Con	npany) to initiate variable entries to my (our) credit card account.
	OVER. TO PROVIDE CREDIT CARD INFORMATION, PLEASE VISIT OUR OFFICE FOR OUR REPRESENTATIVE TO CONTACT YOU BY PHONE.
Weekday phone number:	
	July 2013