

**AUTHORIZATION FOR RECURRING DIRECT PAYMENTS - ACH DEBIT
OR RECURRING CREDIT CARD PAYMENTS FOR CR&R INCORPORATED**

Please complete the following information:

Name: _____

Customer Account #: ____-____-____-____

Address: _____

Day Phone #: _____

Evening Phone #: _____

Please check the appropriate box:

I want to set up automatic payment

I want to revise automatic payment

I want to cancel automatic payment

In consideration for services provided to me by *CR&R Incorporated*, I hereby authorize *CR&R Incorporated* to initiate a debit entry to my bank or credit card account indicated below for the current balance due. I understand: 1) The charge will be processed on the 25th of the month. If the 25th falls on a weekend, it will be processed the first business day following the 25th; 2) The amount will be adjusted as rates are increased according to the terms of the Municipal Contracts; 3) Under most City Franchise Agreements, service rates are normally increased annually in the month of July but may be increased at any time as approved by the City; and 4) I may be charged a service fee up to \$25 if my bank returns the ACH charge unpaid.

Please provide the following information to have automatic payments deducted from your bank account:

Depository Bank Name: _____

Branch location (City, State, Zip) _____

Indicate the account that the payment should be debited:

Checking Account (please attach a voided check to this form) **or**

Savings Account

Routing Number: _____

Account Number: _____

Please provide the following information for automatic payments billed to your credit card account:

Visa

MasterCard

American Express

Name as it appears on the card: _____

Credit card information:

(Card Number)

(Expiration Date)

(Verification Code)

Credit card billing information:

(Address)

(City)

(State)

(Zip)

This authorization is to remain in effect until *CR&R Incorporated* has received written notification from me to terminate this authorization.

Name: _____

Date: _____

Signature: _____ **(Required for all recurring ACH automatic payments)**

Please mail completed form to:

CR&R Incorporated
Attn: Accounting Department
P.O. Box 125
Stanton, CA 90680

or Fax to: (714) 372-8275

Please allow 2 to 3 weeks for the processing of this request.