



AUTOMATIC CREDIT/DEBIT CARD PAYMENT AUTHORIZATION

Date: _____

CUSTOMER INFORMATION

Sanipac Account Number(s): _____

Customer Name: _____ Daytime Phone: _____

You will still receive a billing statement. Do not send in a payment as the statement will be for confirmation purposes only and will make reference to that on the statement. If it does not, please contact our office.

CREDIT/DEBIT CARD INFORMATION

Name on credit/debt card (exactly how it reads): _____

Address on the credit/debit card statement: _____

(address, city, state and zip if different from service)

Type of Card (Visa, Master Card, Discover and American Express only): _____

Credit/Debit card number: _____

Expiration Date: _____

I, _____, agree to allow Sanipac to automatically charge my credit/debit card, as listed above, for my Sanipac service. I understand that the charge will appear between the 15th and 20th of my billing month. The billing time frame for commercial accounts is once per month, the residential accounts occur once every three months. I also understand any disputed charges on my account will be applied to my Sanipac account, not as a credit to my credit card. I understand in order to discontinue the automatic payment I need to notify Sanipac no later than 30 days prior to the next billing cycle. This can be done by filling out a form that Sanipac will provide upon request, or a notice sent in writing. This may be mailed to the address referenced below.

Signature: _____ Date: _____
(signature must be the credit card holder)

**** All blanks must be filled out to make active**

OFFICE USE: Received and recorded by: _____