

### Authorization Form for Recurring Payments

You authorize regularly scheduled charges to your checking/savings account or Visa, Mastercard, or Discover. You will be charged on schedule each billing period, and proof of payment will be emailed to you. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment or payment schedule changes, we will notify you at least 10 days before payment date. To take advantage of this service, complete this authorization form and return it to us at the address below.

I, \_\_\_\_\_ authorize \_\_\_\_\_ to charge/debit my account in the  
(customer name) (company name)  
amount of \_\_\_\_\_ for payment of my garbage removal service on a \_\_\_\_\_  
(enter amount) (billing frequency)  
basis beginning on \_\_\_\_\_.  
(date of first payment)

#### Checking or Savings Account (circle one)

Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Account # \_\_\_\_\_

City/State \_\_\_\_\_

Your Phone # \_\_\_\_\_

If you are unsure of your account's routing number, please contact your bank for that information.

#### Credit Card

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover

Cardholder Name \_\_\_\_\_

Account # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone# \_\_\_\_\_

I agree to notify merchant in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand that cancellations must be made in writing and I will not dispute merchant recurring billing with my bank or credit card company, so long as the amount corresponds to the terms indicated in this contract.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Talking Trash Account # \_\_\_\_\_

### Authorization Form for One-Time ACH Payments

This form authorizes Talking Trash, Inc. to make a one-time ACH debit to your checking or savings account as indicated below. Proof of payment will be emailed to you, and will appear on your bank statement as an ACH debit. If you have any questions, please contact us at 970-389-0101.

Please complete the information below.

I \_\_\_\_\_ authorize \_\_\_\_\_ to initiate an electronic  
(customer name) (company name)

ACH debit entry to my:

\_\_\_ Checking account \_\_\_ Savings Account

In the amount of \_\_\_\_\_ for payment of my garbage removal service on \_\_\_\_\_.  
(amount) (date)

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Bank City & State \_\_\_\_\_

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute merchant debiting my checking/savings account so long as the amount corresponds to the terms indicated in this contract.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Talking Trash Account # \_\_\_\_\_