

Credit Card Authorization

Due to new requirements, RECYCLE DEPOT needs this form filled out for all future auto charge transactions. This form is stating you give Recycle Depot permission to run your card on a recurring basis.

****In order to best serve you, Recycle Depot requires this form be filled out completely and returned back to our office as soon as possible. Signature is required.**

Email: recycledepot.residential@gmail.com

Fax: 845-452-5310

Address: 230 Van Wagner Rd. Poughkeepsie, NY 12603

If you have any questions please call our office at 845-452-3939

Hours: M-F 8a-4:30p

Customer Account #: _____ Customer Name: _____

Authorizing Transaction:

____ **Recurring Bi-Monthly** ____ **Recurring Monthly**

***If the 1st falls on a weekend, auto charge will be taken out the following Monday**

I/We authorize **Recycle Depot to bill my/our: (check one)**

Visa ____ **MasterCard** ____ **Discover** ____ **American Express** ____

For the amount of: \$ _____

X	X	X	X	-	X	X	X	X	-	X	X	X	X	-					Expiration Date	Month / Year				
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(For your protection, please call our office with the complete card number) ***PLEASE FILL OUT BLANK SECTION TO ENSURE WE HAVE THE CORRECT CARD ON FILE.

DO NOT LEAVE BLANK. THANK YOU!

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Card Holder's Name and Address:

As it appears on card / Bill

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Tel. #: _____

Email: _____

Business Name and Address:

Company Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Tel. #: _____

AutoPay Enrollment Authorization

By signing this form, I authorize Recycle Depot to pay my bill by electronically deducting money from the credit card given by me. I understand that these transactions will be processed per the approved checked off authorized transaction at the merchant's location of business operation. By signing this form, I give Recycle Depot permission to automatically charge the card provided, as agreed, until service is fulfilled by both me and Recycle Depot. I am required to update the merchant upon the expiration date and/or other necessary changes as the credit card stated above is renewed. At any time that I need to stop my autopay, I understand that I need to notify Recycle Depot before the next billing cycle.

By signing this document I/we am/are accepting all responsibility for these transactions to ensure full and proper payment for services with Recycle Depot.

Name: (Please Print)

Authorized Signature

Date: