



County Trash, LLC

60 Goose Ln
Sheridan, WY 82801
307-763-2639



Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as an "ACH Debit or County Trash, LLC" You agree that no prior notification will be provided unless the amount changes, in which case you will receive notice by email from us at least 5 days prior to the payment being collected. All charges are on the 1st or 15th business day of the month.

Please complete the information below:

I _____ authorize County Trash, LLC to charge my _____ checking/savings.
(full name of Account Holder)
account indicated below for up to _____ (amount) on the 1st or 15th of each Month for payment for my
Garbage and/or Recycling Pickup Service. If you elect Quarterly or Other Billing, you will be charged for the
elected number of months. Special promotions and one-time pickups will be billed accordingly.

Billing Address _____

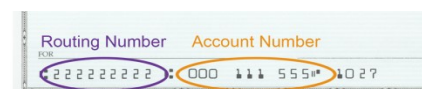
Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

| | |
|---|----------------------------------|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Name on Acct _____ | |
| Bank Name _____ | |
| Account Number _____ | |
| Bank Routing # _____ | |
| Bank City/State _____ | |
| Bill Me: Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ | |
| Bill Me On: 1st <input type="checkbox"/> or 15th <input type="checkbox"/> | |
| Start Date: _____ | |



Credit Card

Link will be sent via quickbooks if
this option selected.

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify County Trash, LLC in writing of any changes in my account information or termination of this authorization at least 25 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that County Trash, LLC may at its discretion attempt to process the charge again within 15 days and agree to an additional fee if applicable. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.