



**Authorization for Recurring Automatic Withdrawal**

Automatic payments will occur monthly on the 7<sup>th</sup> day following an invoice for the previous month service fees.

**Customer Information**

Business Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Company Billing Email \_\_\_\_\_

**Payment Information (choose one)**

Bank Account (this option is free)

Circle one:    Checking            or            Savings

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

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_ (9 digits)

Credit Card (there is a 2.5% processing fee on card payments)

Type of Card    Visa    Mastercard    Discover    American Express

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CSC Code (3 digits on back) \_\_\_\_\_

**New Authorization Statement**

I authorize Blue Lincoln Recycling to charge the above account for the amount due for monthly service fees on the 7<sup>th</sup> day following receipt of an invoice every month. I understand that payment processing fees, charges due to NSF, errors in documentation or other additional fees will be charged to the above-mentioned account. I may terminate this agreement at any time by notifying Blue Lincoln Recycling via phone at 402-413-2005 or email at [bluelincolnrecycling@gmail.com](mailto:bluelincolnrecycling@gmail.com), allowing 72 hours for them to act upon my request for termination. I understand that the agreement will be terminated upon receipt of any balances due. I hereby authorize Blue Lincoln Recycling to initiate both debit and credit adjustments for services provided.

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

Upon completion of this form please return to our office at

[bluelincolnrecycling@gmail.com](mailto:bluelincolnrecycling@gmail.com)

or

6140 McCormick Drive Lincoln, Ne 68507