

Fayette Waste, LLC
1790 Pittsburgh Road
Waltersburg, PA 15488



PO Box 1086
Uniontown, PA 15401

www.fwllc.net
724-430-0100

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, debit card 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". *For automatic payments from your checking account, please attach a voided check to this Authorization Form.*

Please complete the information below:

I _____ authorize Fayette Waste, LLC to initiate debit and/or credit entries to my checking/savings accounts, debit card or credit card at the Bank named below for services rendered. This includes initiating electronic debit entries, and if necessary, credit entries and adjustments for errors to my checking/savings account, debit card or credit card. This authorization will remain in effect until I have canceled it in writing.

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 | _____ |



Credit Card

| | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |
| Cardholder Name | _____ |
| Account Number | _____ |
| Exp. Date | _____ |
| CVV (3 digit number on back of card) | _____ |

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Fayette Waste, LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account immediately on the billing payment date. If my billing payment date(s) fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Fayette Waste, LLC and/or its payment processing partners, may at its discretion attempt to process the charge again. I agree and understand to additional charges for each attempt returned NSF which may be initiated as a separate transaction from the authorized recurring payment. 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 debit card, credit card and/or 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.

R. Anderson
07.15.2016