



**Alameda County Industries**

We are proud to be your service provider for  
**Recyclables, Organics & Garbage.**

# Authorization for Recurring Credit Card Payment CVSan

**INSTRUCTIONS: DO NOT COMPLETE THIS FORM FOR AUTOPAY VIA BANK ACCOUNT**

- Complete all information below and send form to Alameda County Industries.
- This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

Full Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: (Optional - For Joint Account) \_\_\_\_\_

**BILLING ADDRESS:**

Street \_\_\_\_\_

City \_\_\_\_\_

State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

**SERVICE ADDRESS: (if not the same)**

Street \_\_\_\_\_

City \_\_\_\_\_

State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Billing Account No. \_\_\_\_\_

Email (optional) \_\_\_\_\_

PLEASE NOTE: Please allow seven business days for processing. Your account will be changed to autopay as of your NEXT invoice. Commercial customers will be processed monthly in arrears. Residential customers will be processed quarterly in advance. Open invoice(s) should be paid prior to your next invoice or all open invoice(s) will be added to your 1st autopay charge. Please notify ACI if your credit card information changes.

**Check this box if you would like to charge your credit card for any balance due on your account - ACI representative will confirm amount when processing your application.**

**COMPLETED FORMS CAN BE RETURNED VIA:**

emailed: [billing@alamedacountyindustries.com](mailto:billing@alamedacountyindustries.com)

faxed: 510-357-7329

mailed or hand-delivered to:

Alameda County Industries - Billing Dept.,  
610 Aladdin Avenue, San Leandro, CA 94577

**If you are emailing this form DO NOT include your credit card information. Any applications received at ACI via email with credit card information entered will immediately be deleted and your account will not be set-up for autopay.**

Customer Name/Account Name \_\_\_\_\_

I (We) authorize Alameda County Industries, Inc. (Company) to initiate variable entries to my (our) credit card account.

WE ACCEPT VISA, MASTERCARD AND DISCOVER. TO PROVIDE CREDIT CARD INFORMATION, PLEASE VISIT OUR OFFICE DURING REGULAR OFFICE HOURS OR WAIT FOR OUR REPRESENTATIVE TO CONTACT YOU BY PHONE:

Weekday phone number: \_\_\_\_\_

JAN 2019

P.O. Box 1878, San Leandro, CA 94577-0277

510-483-1400 voice • 510-357-8693 fax • [billingcv@AlamedaCountyIndustries.com](mailto:billingcv@AlamedaCountyIndustries.com) • [www.AlamedaCountyIndustries.com](http://www.AlamedaCountyIndustries.com)