

## Authorization for Recurring Credit Card Payment

## 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:	SERVICE ADDRESS: (if not the same)
Street	Street
City	City
State, Zip Code	State, Zip Code
Telephone	Telephone
Billing Account No	Email (optional)
is received, the balance will be charged to your credit card. Billing/Payment information: Commercial customers will be processed monthly in arrears. Residential customers will be processed quarterly in advance. Please notify ACI if you close your bank account or if your information changes. Please notify ACI if your credit card information changes.  COMPLETED FORMS CAN BE RETURNED VIA:	
emailed: billing@alamedacountyindustries.com faxed: 510-357-8693 mailed to PO Box listed below or hand-delivered to: Alameda County Industries Billing Dept., 2307 Blanding Avenue, Suite B, Alameda, CA 94501  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. (Comparaccount.	ny) to initiate variable entries to my (our) credit card
WE ACCEPT VISA, MASTERCARD, DISCOVER AND AME INFORMATION, PLEASE VISIT OUR OFFICE DURING REGREPRESENTATIVE TO CONTACT YOU BY PHONE:	
Weekday phone number:	Aug 2019